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SAINT BARTHOLOMEW'S HOSPITAL JOURNAL

NOVEMBER, 1938

VOL. XLVI, No. 2

PRICE NINEPENCE

CONTENTS

	PAGE
Calendar	25
Brother Stephen's Seal	25
Current Events	27
Our Candid Camera	27
House Appointments	28
Epithelioma of the Skin. By Henry Corsi, M.B., B.Chir., F.R.C.S.	28
The Late Professor Alexander Macphail. By A. L. Moreton, M.S., F.R.C.S. ...	34
Noise. By Prof. H. H. Woollard, M.D., D.Sc., F.R.S.	36
The Health Doctors. By A. S. Playfair ...	38
A Case of Renal Sympathectomy. By D. B. Fraser, B.M., B.Ch.	41
Students' Union	42
Sports News	42
Correspondence	44
Times for Attendance in the Out-Patients' and Special Departments	46
Reviews	47
Official Matter	47
Personal Column	48

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ST. BARTHOLOMEW'S

HOSPITAL JOURNAL

VOL. XLVI.—No. 2 NOVEMBER 1ST, 1938 PRICE NINEPENCE

CALENDAR

Tues., Nov. 1.—Dr. Evans and Sir Girling Ball on duty.
Wed., „ 2.—Rugby Match *v.* Army Trial XV. Home.
Surgery : Lecture by Mr. Roberts.
Fri., „ 4.—Prof. Christie and Prof. Patterson Ross on duty.
Medicine : Lecture by Dr. Graham.
Sat., „ 5.—Rugby Match *v.* Metropolitan Police. Home.
Association Match *v.* Old Aldenhamians. Home.
Hockey Match *v.* St. Mary's. Away.
Tues., „ 8.—Dr. Chandler and Mr. Roberts on duty.
Wed., „ 9.—Association Match *v.* London School of Economics. Away.
Hockey Match *v.* University College Hospital. Away.
Surgery : Lecture by Mr. Wilson.
Fri., „ 11.—Dr. Gow and Mr. Vick on duty.
Medicine : Lecture by Dr. Chandler.
Sat., „ 12.—Rugby Match *v.* Rugby. Home.
Association Match *v.* Guy's Hospital. Away.
Hockey Match *v.* Bank of England. Away.
Mon., „ 14.—**Last day for receiving letters for the December issue of the Journal.**
Tues., „ 15.—Dr. Graham and Mr. Wilson on duty.
Wed., Nov. 16.—Rugby Match *v.* R.M.A. Woolwich. Home.
Surgery : Lecture by Sir Girling Ball.
Thurs., „ 17.—**Students' Union Annual Ball.**
Fri., „ 18.—Dr. Evans and Sir Girling Ball on duty.
Medicine : Lecture by Dr. Gow.
Sat., „ 19.—Rugby Match *v.* Bedford. Away.
Association Match *v.* Middlesex Hospital. Home.
Hockey Match *v.* Emmanuel College, Cambridge. Home.
Last day for receiving other matter for the December issue of the Journal.
Mon., „ 21.—**Old Students' Dinner.**
Tues., „ 22.—Prof. Christie and Prof. Patterson Ross on duty.
Wed., „ 23.—Surgery : Lecture by Mr. Vick.
Fri., „ 25.—Dr. Chandler and Mr. Roberts on duty.
Medicine : Lecture by Dr. Graham.
Sat., „ 26.—Rugby Match *v.* Devonport Services. Away.
Association Match *v.* Downing College, Cambridge. Away.
Hockey Match *v.* Nore Command. Home.
Tues., „ 29.—Dr. Gow and Mr. Vick on duty.
Wed., „ 30.—Hockey Match v. Hertford College, Oxford. Home.
Surgery : Lecture by Mr. Roberts.

BROTHER STEPHEN'S SEAL

THIS month on the cover of the JOURNAL the Hospital arms are replaced by the figure of the Hospital's Patron Saint, St. Bartholomew, in a design which has been copied from one of the early Hospital seals. This is the fourth design that has appeared in a year, and though change is stimulating, even a kaleidoscope will pall. The Hospital arms, third in succession, have now appeared on the cover of seven journals—long enough to have become acceptable by mere familiarity. Those to whom change of any kind is anathema will deplore the removal of the arms at a time when they have just recovered from the shock of their appearance. To these we would recall that after a plebiscite

had removed Mr. Gill's design from the cover, it was not possible to return to the familiar, if not hackneyed, blocks of Henry the Eighth's Gateway, as they had become too worn to be used any longer. The Hospital arms were used to fill the gap until something more original was ready. Now that time has come. In the present figure of St. Bartholomew the JOURNAL has a design that is pleasing in itself, and one which was the distinguishing mark of the Hospital long before the arms of the Renier family were adopted, and before coats of arms were in general use.

In medieval times few people could sign their names, but all, from King to yeoman, had their seal, and sealing was the ordinary process of authenticating documents. To bear a coat of arms was a military practice which started in the Crusades and did not become general till much later.

Brother Stephen's seal is the second in the series that have been preserved and it is still attached to several of the early charters in the possession of the Hospital. It is a roughly oval piece of dark red wax, pendant to the parchment by a vellum tag; the finger-prints of the clerk who moulded it into shape over 700 years ago can still be seen. The whole pendant is enclosed in a linen bag for protection. Two impressions have been made: the one in front, now on the cover, shows the Saint with right hand raised in blessing and staff crooked in his left arm, and is one of the few early representations which does not show him *écorché* with the flayed skin hanging over one arm. The device which surrounds it runs—

SIGILLUM OSPITALIS SANCTI BARTHOLMEI

—a necessary addition for the seal's identity. On the reverse is the impression made from a classical gem which shows an eagle, the head turned to one side, and with wings and tail extended. Surrounding the eagle is a crude rendering of the same device as on the other side.

The first charter which bears the seal records the winning of a lawsuit in 1198 by Brother Stephen, Master of the Hospital at the time, who was the second master to bear that name. The dispute was with one Robert the Clerk, son of Robert de Theydon, Lord of Wakering, who continued to claim rights in the church of Little Wakering after the Charter from the Hospital which granted him those benefits, had expired. The matter was referred to the arbitration of Richard de Ely, Bishop of London, who found unconditionally for Brother Stephen. Robert the Clerk renounced his claim, and his father, Lord of Wakering, was compelled to guarantee the church against all comers, including presumably his son. The Charter, as befitted Rahere's double foundation, bears not only the Hospital Seal, but that of the Priory as well. The seal of the Priory is not so well preserved and shows a rude relict of the west front of the Priory with its three towers. The seal made by Brother Stephen at the beginning of his Mastership, continued in use after his death and is attached to six charters between 1198 and 1308, when another design was made. The matrix of the seal, probably of silver, has not been preserved, and if the usual practice was followed, would have been ceremoniously broken before the high altar when it became no longer current.

Such is the history of the new cover. Only fools make the same mistake twice, and with the reception of Mr. Gill's design still vivid in memory, it is with some apprehension that it is submitted. However we take courage from the fact of the figure being fully draped and showing no features which could be misrepresented by the unworthy. We hope it will be possible for even the most fastidious to leave the JOURNAL lying about in their drawing or consulting rooms. In conclusion, we can do no better than to echo the words said before a venture of a different nature, "I think it is going to be all right this time".

CURRENT EVENTS

DATES TO REMEMBER

Half the Hospital festivities of the year are crowded into November, and we would remind readers of two of the most important. For Old Students, the Annual Dinner, at which the Duke of Gloucester is to be present, will take place at 7.30 on Monday, November 21st. For all past, present or future members of the staff and students, the Students' Union Ball is at the Grosvenor on Thursday, November 17th. The price of a double ticket is 35*s*. This may seem a large sum, but the value of the dance demands that it be obtained somehow, even if it means going to a gentleman who will advance it on note of hand alone—provided you have an uncle.

THE BART'S CAMBRIDGE DINNER

The Bart.'s Cambridge Dinner is to be held at the Mayfair Hotel on the evening of Wednesday, November 23rd. Dr. Arnold W. Stott will be in the chair. It is hoped that as many members as possible will attend, especially those who have just come down from Cambridge. Will any Cambridge graduate who has not received a notice kindly communicate with one of the Secretaries, Mr. Reginald M. Vick, or Mr. W. E. Underwood.

The Mayfair Hotel is offering special terms. Knowing, perhaps, the dinner of old, they think "it is possible that some members . . . would find it a great convenience to stay in the hotel the night of the 23rd". The reduced rates for accommodation are :

Single rooms from 15*s*.
Double rooms from 25*s*.

Further information may be obtained from—

The Manager,
The Mayfair Hotel,
Berkeley Square, W. 1.

WAS THIS YOU?

We have been sent three examples of howlers from the recent Conjoint Examination in Medicine :

(1) *The Treatment of Insulin Coma.*
A 5% or 10% solution of glucose should be injected into one arm, and from 5 to 40 units of insulin injected into the other arm so as to prevent the blood-sugar rising too rapidly.

(2) *The Production of Pure Milk.*
The cow must not be allowed to sit on its udder.

(3) *The Treatment of Convulsions in a Child of One Year.*
Among other things, He must not be allowed to drive a motor-car.

We have been asked to print the following notice :

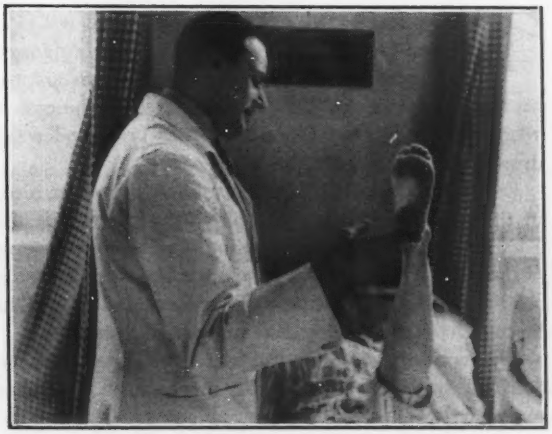
On Thursday, November 3rd, at 5.30 p.m., Professor John Kirk of the Middlesex Hospital is speaking in the Practical Surgery Room on "Medical Ethics". He hopes to speak more from the point of view of Hospital practice. All men are cordially invited to hear him.

NEW YORK CITY

Ceaseless rush, and ceaseless noises
Of the elevated trains,
Plying through the Bronx and Brooklyn—
Wingless demons of the air.
A crashing sound, unseen around,
But underground—the subway trains;
Huge monsters with their straw-built seats,
All roaring through this famous town.
Cities within this city,
To the alien this appears;
Houses within a house,
And fear embalmed in fear ;
These endless towers, which seem to pierce the sky;
All are the domiciles of humankind;
Man lives in heights which bring him nearer heaven.

CALVIN LAMBERT.

OUR CANDID CAMERA



"Now here's a nice line at 1/11".

HOUSE APPOINTMENTS

The following gentlemen have been nominated to House Appointments from November 1st, 1938:

Junior House Physicians—

Dr. Gow	Kemp, J. W. L.
Dr. Graham	Parkinson, T.
Dr. Geoffrey Evans	Reynolds, E. G.
Dr. Chandler	Barwood, P. F.
Prof. Christie	Edwards, T. A. W.

Casualty House Physicians (Non-resident)—

Dr. Gow	Butler, K. A.† / Terry, R. B.‡
Dr. Graham	Wright, B. M.† / Dobree, J. H.‡
Dr. Geoffrey Evans	Hoskyn, C. H.† / Staley, G. R.‡
Dr. Chandler	Pratt, J. S.† / Marshall, A. G.‡
Prof. Christie	Hewetson, J. C.† / Candler, P. L.‡

Junior House Surgeons—

Mr. Harold Wilson	Harmer, M.
Sir Girling Ball	Shields, N. P.
Mr. J. E. H. Roberts	Jayes, P. H.
Mr. Reginald M. Vick	Thomson, A.
Prof. Paterson Ross	Johnson, R. T.

Casualty House Surgeons (Non-resident)—

Mr. Harold Wilson	Braines, F. M.† / McMahon, R. J. H.‡
Sir Girling Ball	Messent, A. D.† / Knill Jones, P. A.‡
Mr. J. E. H. Roberts	Way, G. L.† / Little, A. W.‡
Mr. Reginald M. Vick	Welply, R.† / Hanbury Webber, R.*‡
Prof. Paterson Ross	Macrae, D. E.† / Vandy, K. W.‡
Intern Midwifery Assistant (First)	Roualle, H. L. M.
Intern Midwifery Assistant (Second)	Roberts, J. L. D.† / Darke, G. H.‡
H.S. to Throat and Ear Department	Jack, A. H.
Junior H.S. to Throat and Ear Department (Non-resident)	Joly, J. S.§ / Sturdy, D. C.§
H.S. to Ophthalmic Department	Herson, R. N.
H.S. to Skin and Venereal Departments (Non-resident)	Knill Jones, P. A.† / Simpson, J. R.‡
H.S. to Orthopædic Department	Royston, G. R.
H.P. to Children's Department	Fagg, C. G.
Junior Resident Anæsthetists	Ellis, G. H. / Phillips, B. M.
Non-Resident Anæsthetist	Brown, D. J. A.
H.S. to Dental Department	Henry, T. C.

* If qualified. † 3 months, November. ‡ 3 months, February. Others for 6 months. § Dates to be arranged.

EPITHELIOMA OF THE SKIN:

A REVIEW OF THE TREATMENT CARRIED OUT IN THE SKIN DEPARTMENT OF ST. BARTHOLOMEW'S HOSPITAL

By HENRY CORSI, M.B., B.Chir.(Cantab.), F.R.C.S.

INTRODUCTION.

THE Skin Department of St. Bartholomew's Hospital came under the direction of Dr. Adamson in 1908. From the year 1919 he was assisted by Dr. Roxburgh. Dr. Adamson retired at the end of 1927, since when the Department has been under the direction of Dr. Roxburgh.

Dr. Adamson initiated the treatment of rodent ulcer in the Department, and was also part inventor of the Kienbock-Adamson X-ray method of treating ringworm of the scalp. The chart on the opposite page shows the relative proportion of cases of ringworm and of epithelioma attending the Department since the year 1911.

The contrary direction of the two curves can be ascribed in large part to the methods of treatment invented by Dr. Adamson, or at any rate initiated by him, in this country twenty-seven and more years ago.

In the case of ringworm his method of treatment led to a reduction of the disease in the whole country; in the case of rodent ulcer his interest in the condition brought more and more cases to the Department for consultation or treatment.

During the period 1911–1937, 667 cases of basal-celled and squamous-celled epitheliomata have been treated in the Skin Department of the Hospital. In the following pages the methods of treatment used are described, and the final results analysed. Close consideration is given to the cosmetic end-result, and, further, to the relative convenience and inconvenience of each form of treatment.

The best method of treatment will be that which satisfies most closely the following requirements:

1. Possibility of treating the whole area at one sitting.

2. Possibility of treatment at the patient's first attendance without making arrangements for a second attendance.

3. If possible the treatment should be carried out single-handed without having to deviate a nurse from other work in order to assist in any way.

4. Minimal length of time required for the actual treatment.

5. Minimal reaction immediately after treatment.

6. Rapid healing.

7. 100% cure.

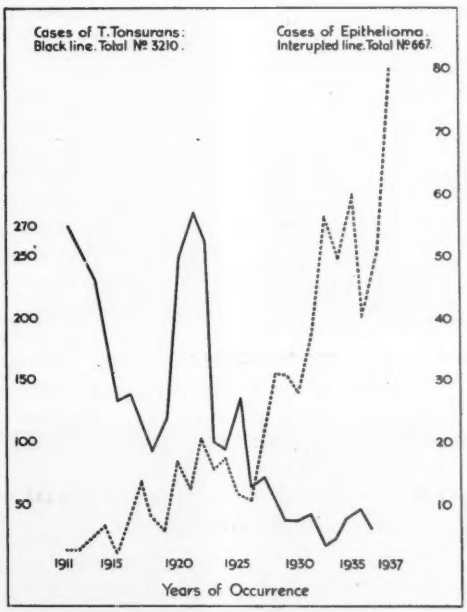
8. Invisibility of site after cure.

9. Material should be available for micro-section.

10. Expense should be low.

Excision might be expected to give 100% cure. In practice it does not do so for reasons that are not altogether clear. It may be that in the course of operation tumour-cells get grafted into the wound, or it may be that a sufficient depth and margin of healthy tissue fails to be removed. Though the diagnosis of rodent ulcer is easy, it is not so easy to be quite certain of its extent. This can be allowed for, for instance, on the forearm, by taking an abundance of supposedly uninvaded tissue. But the majority of rodent ulcers occur on the face. Here it may still be possible to excise freely, *e. g.* in the centre of the cheek. At the same time it must be remembered that a linear surgical scar tends to be a good deal more obvious than an irregular scar, and unless the operator is "cosmetically minded" the result may fail to be completely satisfactory. Further, a very great number of rodent ulcers are not only situated on the face, but in the centre of the face, in which situation excisions are awkward. It is these mechanical-cosmetic reasons, together with the incomplete reliability of excision, which have always led to the search for some means of treatment other than excision.

Excision is desirable where an epithelioma has got out of hand, *i. e.* has failed to be cured by radium or X-rays, or is believed to be penetrating bone, or as occasionally happens, has had a number of treatments by inexpert hands. Here secondary considerations—convenience, expense, cosmetic result—cease to have weight. Free surgical removal with the cutting diathermy combined with radium or X-ray therapy probably offers the best chance of cure. Fortunately such growths are rare. The vast majority are readily treated in the Out-Patients' Department, with consequent great saving of time and expense, by some method other than excision. The methods of treatment which will mostly engage our attention are firstly radium, secondly radon, and thirdly Adamson's method of curettage + X-ray. The outstanding advantages of the last of these methods will be manifest.



The majority of cases of rodent ulcer can be recognized at sight by anyone accustomed to examine such cases. Actually, however, the clinical diagnosis has, except in cases treated by radon seeds, almost always been confirmed by micro-section. This has sometimes revealed what was thought to be a basal-celled epithelioma to be squamous-celled epithelioma or of intermediate type. It is customary to look upon squamous-celled epithelioma as having a less favourable prognosis, and it is true that such epitheliomata become dangerously malignant when they have been allowed to grow to some size. They do not, however, disseminate along the lymphatics until late, and when small, respond to X or radium radiation in a manner hardly distinguishable from basal-celled epithelioma. Where, however, a squamous-celled epithelioma was diagnosed, treatment was made rather more "thorough", *e. g.* more erasion, more cauterization, or more radium, etc.

In a few instances a supposed epithelioma turned out to be keratosis senilis or a common wart. The error was so rare that it cannot effect the conclusion to be drawn as to the value of a particular treatment.

I take the opportunity at this point of expressing my thanks to Dr. Robert Klaber, who performed all the histological investigations, in addition to carrying out many of the treatments.

RADIUM.

Radium has been used in the department since the year 1914, experience in its effects being acquired in a variety of diseases. The number of epitheliomata

treated has been 112. Plaques of 2·5 mgrm., 5·9, 11, 20 and 50 mgrm. have been used. The plaques were applied to epitheliomata for times varying from a single application of several hours to every conceivable variety of fractional application, such as half an hour daily for six weeks, or six hours every six months.

The results naturally varied, but in some instances an almost perfect cosmetic result was attained. An objection was that the period of convalescence required was longer than desirable. As the radiated tumour was left to be absorbed or rot off, there remained, often for several weeks, a place on the face showing some degree of inflammation. Recurrences in the early years were frequent. This can be ascribed largely to the fact that the radium was not screened, so that while β and soft γ radiation sterilized the surface of the thicker tumours, some of the more deeply lying cells escaped.

The difficulty can be got over by screening the radium, or, as Dr. Adamson did, by the following procedure :

Injection of novocaine. Erasion of all visible tissue with Volkmann's spoon.

Application of radium to the raw area.

The optimum time finally settled for the application was six hours, which dose was not repeated.

The preliminary erasion reduced recurrence markedly. The method gave a quick convalescence, a fair cosmetic result and many successful cures. A number of cases were followed up in 1933, which had been treated as long as eight years before. The majority were cured; the cosmetic result was fair, though frequently there was more atrophy than one likes to see. At the end of a year the cosmetic result was good, but after that bright red fine telangiectasis was usual. Only in very ruddy complexions is this superior to the white mark which follows curettage + X-ray treatment. The combined erasion + radium treatment would probably have been improved by screening. Screening, however, adds markedly to the time the radium has to be on.

Radium treatment has some serious inconveniences :

The radium has to be bespoken for a second attendance of the patient, who may have often come fifty miles or more.

If the area is large the plaque has to be applied to successive areas, or some other method of distributing the radium must be used, which means more radium must be available.

It is at least a whole-day job for the patient.

Some degree of supervision is necessary during the whole time the radium is on.

The capital cost of the radium is about the same as that of an X-ray plant, but considerable organization is required if the radium is not to lie idle. In any case it will be difficult to treat more than one or two patients in any one day. During this time an X-ray plant can be used on two or three rodents and fifty other patients as well.

It was these secondary inconveniences, as well as a certain number of recurrences, that made one ready, as 1930 approached, to try some other procedure.

The above summarizes the results of radium treatment in 112 patients in a period extending over sixteen years. What has been set out in a few lines represents on the part of Dr. Adamson and Dr. Roxburgh some hundreds of applications of radium and thousands of examinations. The subject is not treated as lengthily as it might seem to deserve, because treatment with radium was subsequently found a good deal inferior to treatment by X-rays.

RADON.

About the year 1930, at the time when one was seeking some method of treatment other than radium, a number of articles were published extolling the merits of radon seeds in the treatment of rodent ulcer. Unfortunately one was seduced by the claims made for radon in these articles, and for three years radon was used exclusively, 166 patients being treated, with results which, while always promising to be better, were disappointing. The percentage of cures was actually very high. Further the seeds could be inserted in a very few minutes, and the whole area, however large, could be treated at one sitting. Apart from this the method had almost all the objectionable features of the other methods put together. But it took time to appreciate this.

The greatest objection was the period required for healing. Two or three seeds each of 1 millicurie inserted into a fleshy cheek gave a reasonably satisfactory convalescence. The seeds were removed in a week's time, and after some reaction the tumour was absorbed or scabbed off ; in 4–6 weeks the place was healed. But when seeds were inserted on the bridge of the nose or over cartilage, trouble was frequent; it was almost usual for a small area of necrosis to occur at the point of insertion of the seed, which took several months to heal. Even with rapid healing it was usual for a depressed scar to mark the point of insertion of each seed used, whatever its situation on the face. This alone made it an undesirable treatment.

The following are examples of cases in which objectionable results were recorded :

1. Cured. Seed marks still visible.

2. Two seeds each of 1·1 millicurie: Very sore and painful for two weeks.

FIG. 1.—RODENT ULCER TREATED BY INSERTION OF TWENTY RADON SEEDS.

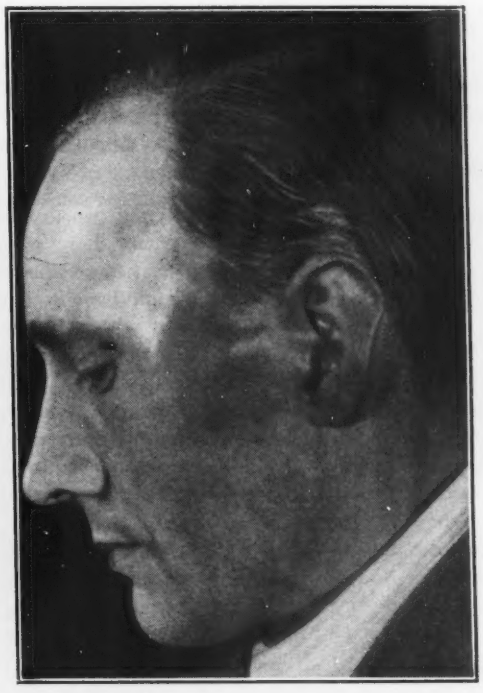


FIG. 2.—SIX MONTHS LATER. RESULT EXCELLENT, BUT WITH RADON RESULTS SUCH AS THIS WERE EXCEPTIONAL.

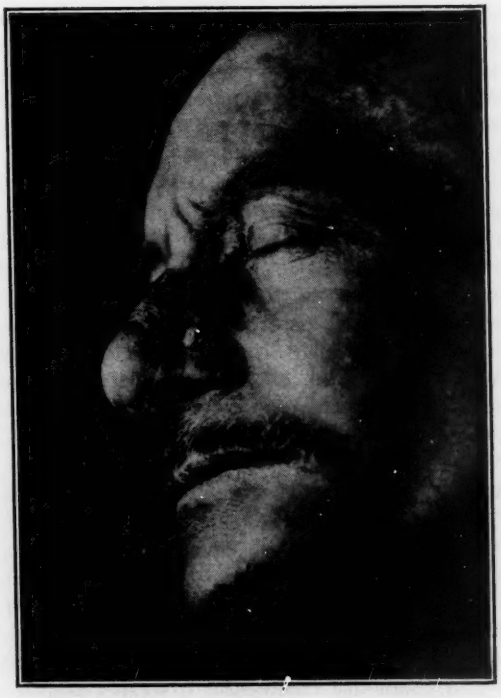


FIG. 3.—RODENT ULCER TREATED BY CURETTAGE AND X-RAYS.

FIG. 4.—SIX WEEKS LATER.

3. Two seeds 1·1 millicurie: after three months "has not yet quite healed up".

4. Four seeds: Healed up. Six months later, after being in the cold, got very red and painful; broke down; did not heal for ten months.

5. Four seeds over lachrymal sac: Cosmetic result good, but epiphora continued for two years.

Such are some of the effects of inserting two to four seeds of 1 millicurie for a week. Where more seeds had to be used the results were frequently more annoying, though not necessarily so. One might have trouble where one seed was inserted, and not with a dozen. One could not foresee what would be the outcome in any given case. In spite of severe reaction, and considerable permanent alteration in the quality of the skin, recurrence sometimes occurred. Recurrences, however, were infrequent ; it was the secondary inconveniences, particularly the bad convalescence, that weighed the scales against radon.

It surprises me now that it took three years and 166 cases for me to realize its disadvantages. In February, 1934, Dr. Roxburgh advised abandoning radon, and trying Dr. Adamson's method of erasion followed by X-rays.

X-RAYS.

Dr. Adamson's experimental period with X-rays divides itself into two distinct sections: one prior to 1917, and a second subsequent to 1920. Between the two there were four years during which X-rays were not used in the treatment of epitheliomata.

During the first period the number of cases treated was eight. These received repeated doses of one or two pastilles at intervals varying from daily treatment to treatment once a fortnight. The total dosage ultimately given was a high one—6, 9, 11, 28, 70 pastilles. There was recurrence in every instance. Failures force themselves on one's attention, and Dr. Adamson soon saw that minor doses of X-rays, however often repeated, were ineffective.

The promising results he was obtaining meanwhile with radium induced him to concentrate on this, with results as recorded above.

In 1920, while the radium plaques were being repaired, he gave X-rays another trial. The patient had a small rodent ulcer on the cheek. Having erased the tumour, as had become his custom before applying radium, he gave an unfiltered dose of 3 pastilles of X-rays. Seen eight months later the patient appeared to be cured.

On the same day another patient received 3 pastilles, but without curettage. Six months later there was recurrence.

These two cases illustrate what was established later, namely: that if three pastilles only of X-rays were given, using 90 kv., curettage was an essential part of the treatment. The success in this one case passed unnoticed, and a return was made to radium, which continued to hold the field.

However, from time to time X-rays were used, mostly, as with radium, in association with curettage. By 1930 51 cases of rodent ulcer had been treated with X-rays.

An examination of the records of these 51 cases shows that the method erasion + X-rays cured at any rate a considerable number. At least 16 cases seen three to ten years afterwards showed no recurrence. Of the others a number were seen cured at some time less than three years after treatment; the remainder, with three exceptions, were not seen again. These three were the only known recurrences, and two of these were exactly those in which erasion before X-ray treatment had not been carried out.

It is seen now that side by side with the development during this time of the treatment with radium, a very promising X-ray technique had been developed. Its full success, however, failed to be appreciated. In explanation of this seeming lack of observation is the fact that, while 51 cases seem in themselves a large number, they form little more than 1 per 1000 of the total new cases visiting the department in these ten years; that spread over ten years they are few and far between; that many months must elapse before a result in any one case can be ascertained; and, still more, that unless specially written for, only recurrences tend to return to the hospital.

This explains, at any rate partly, why, when in 1930 one was looking for some treatment other than radium, a systematic trial was not made with X-rays, and the whole choice, instead, fell upon radon. The chief reason, however, was that general interest at that time was centred on radon. Its disadvantages had not yet made themselves felt. So it was that in 1931 I embarked on radon treatment, following its elusive promise for three years, and subjecting 166 patients to its inconveniences and defects.

In February, 1934, a return was made to Dr. Adamson's method of curettage followed by X-rays.

Technique of the Treatment.

The rodent ulcer to be treated having been anæsthetized with novocaine, the tumour is scraped away with a sharp Volkmann's spoon. Most of the tumour is of a cheese-like consistence: it scrapes away easily,

and in a manner so characteristic that a doubt is thrown on the diagnosis if much variation is noted. In skilled hands the curette is both diagnostic and selective, which the cautery is not. The subsequent microscopic investigation will, however, settle the diagnosis. As parts, or even most of the tumour, may lie under unulcerated epidermis, great care must be taken that none of it is missed, particularly at the margins, where small flaps of epidermis may have to be cut away with scissors. Free capillary oozing occurs ; possibly a small vein may bleed. Pressure with a swab for two or three minutes almost always completely arrests this. The actual cautery can be used to arrest the hæmorrhage if one wishes. The cautery is also useful to alternate with the use of the spoon, so as to increase the depth and extent of the erasion, where the tumour is suspected to be a squamous-celled epithelioma, or in some other respect one specially liable to recur. This procedure, however, was not carried out in the cases treated in 1934. In a few instances the curetted base was painted with chromic acid, but it is not now possible to estimate how much influence this had on the period of healing and tendency to recurrence. When curettage is complete, the patient keeps a swab firmly pressed on the site, during which time a lead mask of suitable size and shape is cut to include 2 mm. of normal skin all round; through the hole the site of the tumour is radiated.

The mask is applied accurately—great care is necessary at this stage to ensure exact immovable apposition —and three pastille doses of X-rays are administered. The X-rays in these cases were produced with a Philips superficial therapy tube at 90 kv. and 2 milliamps. No filter was used. The administration of a three-pastille dose took twelve minutes.

During the few days immediately following the site oozes a variable amount of serum. If a wisp of cotton-wool is applied this will help the serum to form a natural scab. A dressing is usually unnecessary. Many patients, however, prefer to cover the place with a piece of strapping for a few days, either because the appearance of the strapping is less striking than the scab, or " to keep out the cold ". The rapidity of healing is remarkable. In a fortnight it will be seen that new epidermis covers the whole raw area, or most of it if the area is large. This rapid growth of new epidermis is one of the most gratifying features of Adamson's method, and, apart from end-results, makes for its marked superiority over such methods as omit erasion, and leave the tumour to rot off or be absorbed.

All this, however, would be but little use if the end-result were not good: absence or at least rarity of recurrences; ultimate good æsthetic appearance; sound quality of the skin at the old site.

Results as regards Recurrence.

In 1934, 35 cases were treated by Adamson's method. These cases have been subjected to very close scrutiny in the course of 1938, in order to determine as far as is possible the number of recurrences.

Twenty-eight cases have been seen three years or more afterwards apparently cured.

Two were seen one year later, but have not been seen again since.

Four, of whom one died of intercurrent disease, were not seen again. There was one recurrence.

The recurrence was in a woman of 28 with a large rodent ulcer in the frontal area of the scalp. The case was sent to Mr. Hume, who excised and grafted the whole affected area of scalp, with excellent result when seen two years later.

The series of 35 cases treated in 1934, with only one known recurrence, shows the treatment to be a good one. To state the results in terms of a percentage is hardly reliable, as a great deal depends on the selection of the cases for treatment. But, with an ulcer that is not very large, or of the terebrans, penetrating type, and provided it is reasonably accessible to X-rays, so that the ulcer does get the treatment, it is probably true to say that permanent complete cure is almost a certainty.

The actual X-ray treatment subsequent to curettage was carried out by Sister Coates or by senior nurses deputizing for her. The success of the treatment is attributable in very large proportion to their care and interest in the work. No words are adequate to express our indebtedness to them; their work fortunately speaks for itself.

The Cosmetic Result.

Hospital patients who are no longer young are not interested in their facial appearance, so much so that an individual will let ten years pass by before seeking advice for a rodent tumour on the end of the nose, the size of a small cherry. The patient himself is therefore no judge of whether he should be satisfied with the cosmetic result of the treatment. But from the operator's point of view the interference with the patient's normal appearance, both immediately after the operation and ultimately, is of considerable interest.

The course of convalescence is described above. After a month there is a healed place with skin more pink than the surrounding normal skin. Gradually it pales. After some months it is more white than normal skin. Seen two or three years afterwards one has often to ask the patient where the ulcer was situated. The majority can be described fairly as " hardly anything to

	Radium.	Radon.	X-rays.
1. Area treatable	If large, plaque may have to be moved about	Whole area treatable	Whole area treatable.
2 Attendances	Two at least	Three attendances	One attendance.
3. Assistance	Supervision while radium is on	Assistance usually necessary	No assistance required.
4. Time of treatment	More than 6 hours	A few minutes	Half-an-hour.
5. Reaction	Very little	Prolonged late reaction if over bone	Very little.
6. Time of healing	4–6 weeks	Weeks, sometimes months	2–4 weeks.
7. Percentage cure	90	Above 90	97%.
8. Cosmetic result	Good	Scar often bad; rarely really good	Site often not noticeable.
9. Microsection	Material available	Not easily available	Available.
10. Expense	Capital cost of radium only	Capital cost of radium + preparation of seeds	Capital cost of X-ray apparatus.

see". In one or two it was actually not possible to see that anything had been done. A few were obvious, but none were bad. The most obvious were those where the white area was situated in a plum-coloured complexion.

Telangiectasis, so common with cases treated with unscreened radium, was not seen in any case. Nor was it seen in cases treated by Dr. Adamson, and examined ten and more years later.

The immediate and ultimate cosmetic result could hardly be more pleasing.

SUMMARY.

The above table summarizes the features of the three main treatments for epithelioma which have been used in the Skin Department of St. Bartholomew's Hospital.

The total number of cases treated by Adamson's method in 1934 was 35—a number relatively very small compared with the number treated in previous years by radium and radon. Their small number has, however, allowed close critical scrutiny of the patients treated.

With respect to the ideal requirements listed in the introduction, the method curettage + X-ray shows outstanding advantages on almost every count, and particularly in the essential requirements—convenience of procedure, good cosmetic result, permanent cure.

The advantage of being able to proceed with treatment as soon as the patient is seen, so that he may return home any distance the same day, alone outweighs minor disadvantages if such exist.

The cosmetic result does not call for comment; to improve upon it can hardly be easy.

With regard to permanent cure it is too early to speak, as a tumour may seem cured up to any number of years, and then recur. However, it seems not unreasonable to deduce from the present appearance of patients treated in 1934, taken together with that of patients treated by Dr. Adamson many years ago, that his method of treatment gives a percentage cure falling little short of one hundred.

THE LATE PROFESSOR ALEXANDER MACPHAIL

By A. L. MORETON, M.S., F.R.C.S.

THE following biographical notes supplement the account of Dr. Macphail's work published in the October number of the Journal.

Alexander Macphail was born in Glasgow in 1872, the youngest son of Dugald Macphail, a learned amateur of Gaelic folk lore, author of *An T'Eilean Muileach*, to whom a memorial cairn was erected in the Isle of Mull by the Gaelic Folk Lore Society a few years ago. He was educated at Garnethill, Partick Academy and Hamilton Crescent Schools, Glasgow, before entering Glasgow University in 1890. While a student he edited the *Glasgow University Magazine*, and took part in a memorable incident when Lord Lister revisited the scene of his former labours to address the students. After the meeting the students unharnessed the horse of Lister's cab and drew it themselves to Sir Hector Cameron's house where he was staying. Macphail directed operations from the box-seat of the cab. After graduating M.B., C.M. with high commendation, he became Demonstrator of Anatomy at Glasgow University. In 1900 Macphail became a Fellow of the Royal Faculty of Physicians and Surgeons of Glasgow, but it was not until 1923 that he proceeded M.D. at Glasgow University, presenting a thesis dealing with the history of the teaching of anatomy and of the legislation concerned therewith. After holding the post of Senior Demonstrator of Anatomy at Glasgow University, he was appointed in 1900 Professor of Anatomy (Bellahouston) at St. Mungo's College, Glasgow (the women's school), and Dean of the Faculty of Medicine.

In 1907, like many another adventurous Scotsman, he turned southwards; he came to London, and became Lecturer on Anatomy at Charing Cross Hospital, succeeding his friend Lord (then Dr. Christopher) Addison, when Dr. Addison came to St. Bartholomew's.

When Charing Cross Hospital gave up teaching " pre-clinical " subjects, Macphail was offered the post of Principal of the University of Hong Kong, and had about three days in which to make his decision. He decided not to go, and for a time lectured on anatomy at King's College, before succeeding Dr. Addison again at Bart.'s. He was in charge of the Anatomy Department at the Hospital from 1912 to 1922. In the latter year, on the foundation of the Ministry of Health, with Dr. Addison as first Minister, Macphail was called to Whitehall as H.M. Inspector of Anatomy. He was Chairman of the Board of Studies of Human Anatomy, University of London, and Secretary for England and Vice-President of the Anatomical Society of Great Britain and Ireland. At different times he was Examiner in Anatomy at the Universities of Cambridge, London, Aberdeen, Glasgow and St. Andrew's, and for the English and Scottish Conjoint Boards. For many years he was Honorary Secretary of the Glasgow University Club of London.

Coming to St. Bartholomew's as a stranger, Macphail soon earned the respect of the staff and the students, and acquired and upheld the Bart.'s tradition. As a teacher of anatomy to students, both of medicine and of pictorial art, he was in the very first rank, a clear and simple exponent of his subject and an excellent blackboard artist, rivalling in this respect his old friend, Arthur Thomson, of Oxford, whom he succeeded as Professor of Anatomy at the Royal Academy. This last honourable appointment pleased Macphail greatly, and it was a most successful one, giving scope for the expression of his keen artistic sense, added to his technical knowledge of his subject. At the Ministry of Health he took over the duties of the two part-time Inspectors of Anatomy previously appointed by the Home Office, and carried out the often delicate duties of the office with an urbanity and tact essential in many of the negotiations which he had to undertake.

Above all Macphail had a real genius for friendship, both with members of his own profession and with others. His students and demonstrators all knew that in him they had a real friend to whom they could come with their difficulties and troubles, well knowing that they would always receive sympathy and the best of advice. Off duty he was an ideal companion. He had a cultured mind, and his interests were wide. He was an enthusiastic golfer, and he knew how to enjoy a winter afternoon at Richmond or Twickenham, or a summer afternoon at Lord's or the Oval. He was an accomplished sketcher in water-colour, and a talented musician. He liked to spend his summer holidays amongst the hills and lochs of the highlands and islands of Scotland, whence came his forbears.

His time at St. Bartholomew's included the war years 1914–1918. During this period he held commissioned rank in the University of London O.T.C., and was for a time in command of the Bart.'s section. In this work his previous experience of military affairs, while holding a commission as Surgeon in the Glasgow Highlanders Volunteer Battalion in the Highland Light Infantry, was of value. He was also concerned in the organization and execution of the emergency regulations for promoting the safety of the patients and staff of the Hospital during air raids ; and for a time he undertook some of the duties attached to the office of Warden of the College.

Until well into middle age Macphail seemed younger than his years, but a serious illness four or five years ago impaired his health. Last January he had a serious breakdown ; and, although he made a partial recovery, further symptoms set in, and he died in a nursing home at Alverstoke, Hants, on August 28th, 1938, in the sixty-sixth year of his age.

Sir Weldon Dalrymple-Champneys writes :

" May I be permitted as an old friend and colleague of the late Professor Alexander Macphail to add a short appreciation to the obituary notice in your October issue.

" I first met Macphail in 1912 when he had just become Lecturer in Anatomy at Bart.'s, and I had not yet begun studying medicine, but it was not until 1929 that I came to know him well. In that year I began to share a room with him in the Ministry of Health, and continued to do so until his death. A more delightful colleague and companion cannot be imagined. In him I found that rare combination of refinement and gentleness with moral courage, and on occasion righteous indignation, the whole illumined by a strong sense of humour. His religion was real and deep, but never obtrusive, and it was impossible to imagine him doing anything which savoured in the least of meanness or self-seeking. From his father, the well-known Gaelic poet of Mull, he had inherited a love of nature and artistic talents which showed themselves chiefly in the delightful water-colours, some of which he showed every year at the Ministry of Health's Art Exhibition.

" For some years he had suffered greatly from attacks of bronchitis, which became more and more frequent, necessitating weary periods in bed, but he was always cheerful and uncomplaining, and far more interested in other people's troubles than in his own.

" His death leaves a real gap in the lives of all who knew him well, and to whom he was the personification of a Christian gentleman."

NOISE

By PROF. H. H. WOOLLARD, M.D., D.Sc., F.R.S.

OF all the senses, hearing is the only one that can be so outraged in the ordinary course of its activity that the consequences become a matter of medical concern. The senses were evolved to serve ordinary biological needs—hunger, mating, preservation. Civilization has imposed upon them a multitude of unforeseen applications—looking down microscopes, examining spectra, using colorimeters, percussing, palpating, listening to murmurs, crepitations and sonatas. An examination of these intellectual uses of the senses reveals the enormous importance of vision in apprehending the external world—the source of the raw material for the intellect. Everybody, of course, learns and thinks in terms of visual imagery. The exceptions to this—those who have purely auditory or kinæsthetic memories—are so uncommon as to merit but little attention.

An animal uses its sensory equipment to serve not only as the basis of its rudimentary thought processes, but also as the sentinels of a series of protective reflexes. The protective side is always more strongly developed than the intellectual ; and the latter is always inhibited and suppressed by the signals of danger.

Evolutionary Trends

In the newer sense-organs of the skin, the protective order of the pain-endings has become segregated from the discriminating fibres and endings of touch. In the older senses of vision and hearing the primitive state was such that the same sort of stimulation might end in friendly approach or attack and flight. The most primitive visual stimulus is movement. Many mammals seem hardly aware of any other kind of visual stimulus. Birds of prey and carnivorous mammals owe much of their success to their keenness of vision, but in general the sense of smell and auditory acuity have had much more survival value than vision. As it were, vision gets laid on one side until exploited by the primates, who turn it into the implement of intellectual progress. The special senses, the great exteroceptors, somewhat like the skin, have fallen into two categories. In the primates olfaction has become a vestige, vision has assumed the dominant role in the development of intelligence, while audition, until the invention of speech, remains entirely in the service of the emotional and protective reflexes.

The intellectual processes are knit together by the innate laws of logic. To perceive the relations between things is a biological function like all the others which distinguish living from non-living. This perception of the relations between objects apprehended may in operation cause a slight glow of pleasure, but there is none of the upheaval of anger, fear or desire that are attached to the protective reflexes. These reflexes, when organized by emotion into driving forces, constitute the instincts.

Clearly then a sense-organ may by evolutionary fortuitousness become organized as a means of apprehension serving awareness and discrimination, and arousing the innate perception of the relations between things, unaccompanied by anything more emotional than the mere glow or warmth of successful functioning. On the other hand, the same fortuitousness may relegate another sense-organ equally endowed with sensitivity and prospective potency to the service of the protective reflexes and instincts. Its ordinary activity is then associated with the generation of emotion which is discharged by action and ends in fatigue. If the emotion remain undischarged, the subject is even more fatigued, for the emotion must be inhibited or suppressed or sublimated in some way. The auditory sense served throughout six million years this role amongst the primates. Speech may have been invented half a million years ago. Then the auditory sense entered for the first time into the service of the intellect.

Sounds and Noise

In the apprehension of stimuli which have meaning, the eye is busily engaged so long as it is open and the questions of fatigue and anxiety do not arise. Ugliness and beauty are attributes which arise only in the mind. The interpretation of the thing seen is a mental process, and no problem of visual assault and battery arises. In hearing, however, things are different. For millions of years the ear had but to distinguish between a few sounds that were good news and a few that were bad. The monkey, secure in its arboreal home, peered at what its flexuous opposable fingers could hold up for scrutiny, and there wasn't much for its ear to do. Subsequently, when harnessed to the uses of articulate communication it engaged in a meaningful occupation that raised no apprehensive reflex attitude, but like the eye, reported the gamut of things in pattern, order and arrangement. However, now has come civilization and the quietude of everything has been obliterated, and everywhere by day and by night there is cacophony. Noise means those meaningless sounds that knock

ceaselessly upon the ear and are suppressed by effort from reaching the brain. They arouse the lower level of the nervous system and awaken the primitive reflex activities. The emotion that accompanies these is costly in energy and temper. Herein noise lays waste of our lives. A baby is afraid at birth only of two things —being dropped and loud noises. All other fears are conditioned by experience.

Anatomy of Vision and Hearing

The proof that those sounds which have no meaning for the cortex spoil our lives by wasting our nerves in generating and dissipating useless emotion lies in anatomy. Audition had some survival value for arboreal primates, greater than olfactory, less than vision. Vision is their best sense, olfaction their least. Audition is retrogressive, being much less extensive and less acute than in many other mammals—the dog for instance. One aspect of this retrogression is seen in the muscular sphincters of the facial orifices. The eye and the mouth have of course perfectly adequate ones, but those of the nose and the external ear are quite hopeless. It is a major misfortune now that we cannot close the ear as we close the eye. Undoubtedly in the past an auditory sentinel must have been of the greatest value in the dark and during sleep. It is peculiar in being the one sense that most easily changes sleep into awareness. This added enormously to its reflex protective value. Clearly now we can employ a policeman, and it would be best if we could to close our ears as well as our eyes.

As already remarked, the sphincteric muscles around the auricular orifice are functionless, but remnants of the muscles still persist. So-called practical manuals of anatomy continue to enumerate these muscles with their attachments, though they lost their practical value millions of years ago. We assume that arboreal life minimized the usefulness of this sense and restricted its opportunities of service. Vision becoming binocular and more useful, retrogression of the mobility and collecting value of an external ear could happen without incurring any loss in the chances of survival of the animal. Now that civilization has produced the present concatenation, we have no means of shutting out the meaningless grinding Babel of sounds that batter us.

The most important part of this auditory inferiority for our present comfort is that not being able to shut out meaningless noise, this cannot but exert its effect upon the central nervous system. We have, of course, experimental proof that an adequate stimulus invariably sends its impulse rolling into the nervous system whether we are aware of it or not. Every time the aortic valves open and close a volley of impulses passes up the vagus to the medulla.

In the case of these nerves of special sense the impulses can be conducted primarily to two destinations. The cerebral cortex, being the organ of discrimination and judgment and the seat of the intellectual processes generally, it will be the recipient of those impulses which serve such mental processes. The impulses which serve more immediately and directly the survival of the animal will be provided with an abundance of reflex centres throughout the brain-stem. Through these, protective attitudes can be at once assumed, and their importance for the preservation of their possessor is measured by the intense emotion which accompanies their activity.

Central Nervous System

The anatomical facts can most easily be appreciated by comparing the optic system with the auditory system. The optic system proceeds without interruption to the lateral geniculate body. This nuclear mass is organized entirely as a relay station. Even the reflex centres present in the lower primates cannot be discovered in the higher apes or man. In fact the only brain-stem reflex mechanisms that can be said to persist in vision are the pupillary reflexes. In contrast with this poverty of lower connections there is the amazing development of the cortical connections. In area and in histological differentiation the visual receptive cortex is so distinctive that it can be recognized by the unaided eye and is known as the area striata. Vision, we realize from the study of our own mental processes, is *par excellence* the intellectual sense, and if further proof were needed, it is furnished by the anatomical facts that the optic system proceeds to the cortex with the minimal reflex connections, and that its cortical area of reception has the most distinctive organization. Indeed, it is known from experiment that the participation of vision in the maintenance of posture and balance is through the cortex, while for all other afferent nerves concerned in these, the connections are subcortical.

The anatomical study of the auditory pathway reveals quite a different state of affairs. The cochlear and vestibular portions of the acoustic nerve have such mingled pathways in the brain-stem that despite much labour they have not been completely disentangled. Even in the internal ear the role of sacculus is still a matter of uncertainty. It receives branches through the four anastomotic loops between the cochlear and vestibular nerves in the internal ear. Until recently supposed to be entirely covered with static reflexes, it is now suggested that it serves both posture and audition.

In the brain-stem, instead of proceeding straight to its

geniculate relay centre as does vision, it is interrupted by a whole series of reflex centres—the nucleus of the corpus trapezoideum, the nucleus of the superior olive, the nucleus of the lateral fillet and the inferior quadrigeminal body. This prodigality of lower reflex centres has no counterpart whatever in the case of vision. In many cases, such as the pedicle of the superior olive and the tecto-pontine tract from the inferior colliculus, it is easy to trace the connection between the auditory tract and the lower motor centres.

In contrast with the richness of reflex centres in the auditory system is the lack of distinction in its cortical reception. Whereas the cortical territory of visual reception can be distinguished by the naked eye and the microscope shows it to be composed almost completely of the granular receptive type of nerve-cell, the auditory area cannot be distinguished at all with the naked eye, and only with difficulty by the microscope. Its area has undergone some degree of granularization, but in both the supra- and infra-granular layers there are many non-receptive medium and large pyramidal cells. Throughout the visual mechanism localization is precise, and in the geniculate body and cortex each side comprises the corresponding half of the visual field. Nothing of a comparable kind appertains to audition, and lesions of one cerebral hemisphere, no matter how extensive, do not produce deafness.

It seems then the auditory system has never disentangled itself from promoting preservative reflexes endowed with strong feeling because of their great survival value. Its elevation into the service of the intellect has come later, and the anatomical concomitants which distinguish such a service are relatively poorly developed.

Thus we are the victims of the fortuitous events of our biological history. The primate auditory apparatus was fashioned to detect by day and especially by night the significant disturbances of an otherwise primeval quietude. The same apparatus in ourselves must now night and day receive the meaningless turbulent sounds of the city. Its reflex mechanisms are continually aroused to no useful purpose. The emotion so aroused increases the labour of concentration and distracts the attention. A greater fatigue must of necessity be accompanied by lessened opportunities for repose. Reasonable and friendly men and women can only develop out of children surrounded by calm and patience. The price extracted from us by noise is measured by a falling off in intellectual accomplishment and by a diminution in our patience and goodwill. In the aggregate the subtraction from human happiness must be very serious.

The abatement of meaningless sounds by personal and corporate effort is a duty of good citizenship.

THE HEALTH DOCTORS

By A. S. PLAYFAIR.

IN 1936 this journal described the Pioneer Health Centre as Britain's first attempt at preventive medicine. The centre has now been running in Peckham for over three years, and we are entitled to ask, " What has it been doing all this time ? Have its hopes been fulfilled ? "

The answer is in *Biologists in Search of Material,* * the first medical report by the organizers, Dr. Scott Williamson and Dr. Innes Pearse, and their fellow workers. Note that title. It shows a good deal of their spirit. They are biologists rather than doctors, and they are not exponents of any health theory, but rather research workers trying to find an answer to human biological problems.

In 1935 they opened the Pioneer Health Centre, a club with a swimming-pool, gymnasium, restaurant, theatre, games room and crêche, open to all the families of the district. Such was the superficial aspect.

* Faber and Faber, Ltd., 2*s*.

The large modern building with its colossal glass windows and its rooms set around the central glass-walled swimming-bath have already been described in the previous article.* But the principles behind the Centre must be summarized before we can try to consider the report.

In the building are the laboratories and consulting-rooms of the doctors. For them it is infinitely more than a club. It is the laboratory where man and his family can be studied and understood, and where a system of preventive medicine can be evolved.

The chief guiding ideas are :

1. Peckham was chosen as a district which represented a cross-section of the general population, for there all classes and incomes are to be found.

Thus, though the conclusions of the report are strictly applicable only to the material examined, they may fairly be taken as giving a picture of the people as a whole.

* September, 1936.

2. The individual cannot be separated from his environment. Members may not join separately; the whole family must come with them. The assessment of man's health involves more than the findings in a consulting-room; it includes his relationship with his family circle.

3. The members must have every opportunity for physical and mental development. The club is theirs. They can do with it what they like. Rules are reduced to the minimum. All the sport, dramatic and social activities are organized by the members themselves. Mothers may leave their babies in the nursery and be free to join in the general social life of the Centre.

"Life in the Centre," said a visitor, "is like a stream allowed to form its own bank and its bed according to the natural configuration of the land."

In the large building, however, the medical men watch the members. They are not spying, for they know them personally, and the members quite understand the spirit in which this observation is made. Any feature which would affect the physical or mental health of the member is noted.

Medical Examination.

This will go to supplement the results of regular medical overhauls given to each member. This includes a detailed laboratory analysis. The blood, for instance, is examined not only for cells and hæmoglobin, but the sugar, calcium, chloride, urea, uric acid, coagulation rate and bleeding time figures also are obtained as routine. In addition graphic records of the cardio-vascular state are kept by means of the *Plesch Tonoscillograph*. This is a small airtight box containing an inscribing needle on a moving chart. The needle's excursions are controlled by the pressure in the armband round the subject. As the pressure is automatically and gradually lowered, the needle registers its oscillations against the appropriate pressure figures on the moving chart. Such a recording gives far more information on the cardio-vascular tone than mere systolic diastolic figures.

After the first consulting-room examinations the whole family is brought together to discuss any of its problems with the doctors. Beginning with the youngest, each child is dealt with and then leaves the room until the parents alone remain.

A Nine per cent. Health Bill.

Such is the method of work. What of the material on which it was applied?

1530 members, representing 500 families, examined over a period of eighteen months form the basis of the report. They were not a selected group, but a very mixed and therefore representative, collection of inhabitants.

Of the 1530,

144 only were quite healthy (9%).

484 were clearly diseased (31%).

902 had hidden but real disorders (60%).

Thus they fell into three groups of health—the diseased, the disordered, and the healthy.

The Diseased formed 31% of the community. They were all ill enough to realize their condition. Yet only a quarter of this group was receiving treatment before joining the Centre.

Man it seems does not want to seek medical help. He will go on struggling against his discomfort and pain as long as he can.

> ". . . First home remedies, then friend's remedies, then quack remedies, then the chemist, and in the last resort the doctor is the order of procedure of the diseased towards treatment."

Here is one of the major difficulties that confronts preventive medicine. Not only is the victim jeopardizing his own life, but also he is a loss to the community. Less efficient, he is held up in his occupation and his social value is lowered.

The bodies of these people are fighting a losing battle. They are trying to compensate for the pathological condition, but cannot succeed. The absence of compensation produces the *dis-ease* of the patient.

The Disordered comprised the largest group of 60%. They thought they were quite well and yet they were working at a disadvantage. The body was reacting to subconscious discomfort, to subconscious limitation of action. The feeling of "well-being" which deluded the members was due to the presence of effective compensation. Yet, however effective this compensation may be, its price is an excessively large call on the body reserves and an abnormally great wear and tear.

Thus the disorders did not interfere with ordinary life, but were seriously affecting the prospects of future health and longevity. Again an amazing reluctance to be treated was noticed.

> ". . . Some of them strongly resent the suggestion that they should waste time getting rid of the disorder—tumours, varicose veins, obesity, underweight, frequency of micturition, various ear and eye conditions, constipation, flat feet, shortness of breath, palpitations, nervousness, etc.
>
> ". . . What happens when a disorder underlying a subjective state of well-being is cured? The individual generally informs you spontaneously that he knows *now* that he had been suffering. The relief of an almost trivial disorder, where well-being would seem to have been very near to health, is often better appreciated, perhaps because of its suddenness, than that of a more serious disorder. In the more serious disorder compensation has become fixed as a habit which it may take a considerable time to re-educate."

The Healthy formed a small minority of 9%. Even now the state of health has to be defined in a negative way, as the condition in which no disorder (hidden or obvious) can be detected. But here we see that the word "disorder" has a much wider meaning, and accordingly that the term "health" is used in a far more critical sense than usual.

The organism does not need to tire itself in compensation. Its energy is not turned inward on itself, but is free to be directed on the environment. We have only to remember and compare our subjective feelings during the early "mugginess" of a febrile condition and during a moment of "radiant health" to appreciate this point.

A New Medical Method.

The club at Peckham is called a "Health Centre" and exists to deal with health, just as a hospital like ours can, not unfairly, be termed a Sickness Centre, focusing its attention on the pathological.

The Pioneer Centre undertakes no treatment. Members go to doctors or hospitals outside. More than this—No advice is volunteered in the Centre.

> ". . . Indeed 'to give advice' seems to be a wellnigh irresistible impulse to most human beings in a situation of authority. We must try then not to give advice and to refrain from assuming the authority of special knowledge. As one of the members put it, 'the doctor simply tells you how you stand'. It is thereafter left to their own degree of intelligence to act.
>
> ". . . It was found in practice that when the examinations were conducted in a spirit which led up to conclusions which were bits of advice, often no action was taken; whereas by leaving it to spontaneity in the individual, and to his own sense of responsibility, action is taken in the overwhelming majority of cases."

Reading *Biologists in Search of Material*, one gradually learns a new concept of medical service. And sooner or later the thought comes: "Surely this is an answer to the problems of preventive medicine. With buildings like these all over the country . . ."

The country has at present two methods of dealing with man's health.

1. *To treat existing disease:* The practitioner, the panel service and the hospital. They cannot dispense health, but only attack disease. The first diagnosis rests with the patient. It is he who decides whether he is ill enough to go to the trouble of seeking expert attention. Experience has shown how he is by no means competent to discern when his body is working inefficiently, or even then to face up to getting treatment.

2. *To give health:* The "Keep Fit" movement in its various forms. Its work, however, is quite separate from the ordinary life of its members.

The Pioneer Centre provides in its club a "Keep Fit" service, and its regular examinations and its general medical surveillance detects disorders which in the ordinary course of events would take years to develop openly or which would, through the apathy of the patient, never be treated.

Note, however, that it does not replace the hospital or the practitioner. Rather it liberates them for the more important and scientific aspects of their work.

A new type of doctor has been created, the *health doctor*, as opposed to the sickness doctor, who is, on the whole, occupied in curing illnesses. The sickness doctor is approached in fear as a refuge in a calamity. But the health doctor, organizing the regular overhauls and mixing with the members, is apparently regarded by them in quite another light. Indeed the writers of the report consider themselves not so much doctors, but *biologists* interpreting and defending the life of man.

We can adapt their table to compare the Centre's service with the position of the practitioner:

The Practitioner.	*The Centre.*
Is generally rushed, at the mercy of emergency.	The Centre doctor works at leisure free from urgencies of crisis.
Has often to rely on outside equipment.	Has a well-equipped laboratory.
The first diagnosis and the initiative is always the patient's.	Conducts routine regular overhauls.
Sees his patients at odd intervals.	Constant observation of the members.
Sees them only as sick beings, and cannot study their psychological or physical background.	Sees the patient in his normal activities and with his family. A unique field of research into the causation of disease.
Exists to mend a calamity.	Exists to deal with health as such.

Some Arithmetic.

And now what of the cost? With a full number of 1500—2000 members (for which the Centre was designed) it would be self-supporting. As it is a yearly subsidy of £4 15*s*. per head is required.

With profit one might compare some other figures with this. The Government spends one penny per head of population on research and six shillings per head on preventive measures in medicine. And yet the annual cost of illness in Great Britain is over £6 per head.

This first report from the Centre has both a disturbing and an inspiriting effect: disturbing in the picture it gives of the health of a typical city community; inspiriting by the fact that for the first time medicine is setting out on a large-scale and effective scheme for preventive medicine. Which of these two emotions will finally persist depends entirely on the understanding and foresight of those who have the means or authority to act.

A CASE OF RENAL SYMPATHECTOMY

By D. B. FRASER, B.M., B.Ch.(Oxon.).

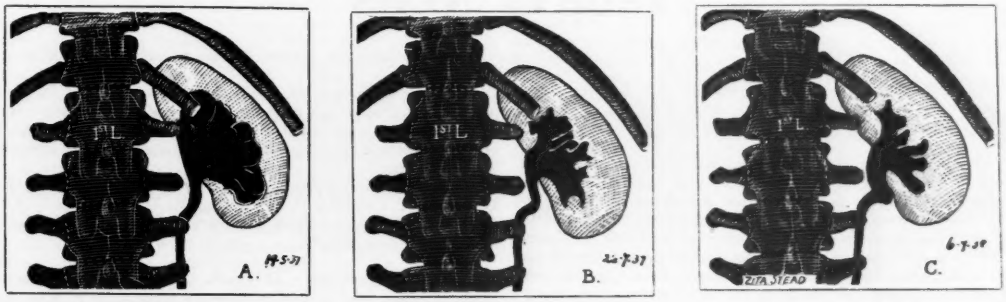
DR. A. B—, æt. 31, physicist, was admitted to St. Bartholomew's Hospital on May 11th, 1937, for investigation of recurrent right abdominal pain.

The patient was in usual good health until fifteen months before admission, when he had the first of a number of attacks of abdominal pain of increasing severity. The pain, which came on suddenly, apparently related to exercise, was experienced in the right upper abdomen. It was an ache without radiation, making the patient restless, increasing in severity to a climax lasting 10 to 20 hours. It left him with a bruised feeling in the right hypochondrium on its disappearance. It was severe enough to cause vomiting on several occasions. It was relieved by rest and heat. There was never any jaundice, fever, micturition disturbance or constant bowel change, although loose motions were associated with the earlier attacks.

His longest period of remission lasted six months. In the month preceding admission, he suffered from three attacks of such severity as to precipitate the investigation.

Clinically nothing abnormal was discovered, his urine containing no abnormal constituents and cultures were sterile. Cholecystogram showed a normally functioning gall-bladder. Intravenous uroselectan revealed a normal left kidney, but a defective filling on the right side with a dilatation and clubbing of calyces. A diagnosis of right hydronephrosis was confirmed by retrograde pyelography. The pelvis admitted 40 c.c. of 20% sodium bromide without causing the patient any pain. Renal function by urea clearance test was not reduced. The patient returned home and in the six weeks' interval preceding his operation he noticed painless hæmaturia of small amount on at least three occasions; this was his first symptom which pointed specifically to the urinary tract as the cause of his pain.

On July 9th, 1937, his right kidney was exposed by a lumbar approach. The kidney was found to be relatively high and fixed by a short pedicle; it was delivered into the wound after sub-periosteal resection of the twelfth rib. The kidney was of normal size. The cortex appeared good. The pelvis and the upper end of the ureter were cleared of their surroundings by blind dissection. The upper end of the ureter was found to be coiled without definite kinking and dilated into a funnel shape, where it merged with the dilated pelvis; this coil of the ureter persisted after clearing, and no organic cause of the obstruction was found. The branches of the renal artery, three in number, one of which proceeded to the lower pole were then stripped of surrounding connective-tissue strands for an inch or more of their length. Several of these were obviously sympathetic nerve-fibres of considerable size. The wound was closed and convalescence was uneventful.



BEFORE OPERATION. TWO WEEKS AFTER. ONE YEAR AFTER.

The figures are reductions to scale of tracings of intravenous uroselectan X-ray pictures of right kidney taken before, two weeks and a year following the operation.

The improvement soon after operation is maintained in the last X-ray. The patient has been symptom-free since operation.

I am indebted to Mr. Geoffrey Keynes for permission to report this case.

STUDENTS' UNION

COUNCIL The first meeting of Council after vacation. Main business: Two applications for increase of grant. The Fencing Club required extra £5 to supply waverers with kit and weapons ; present grant of £15 pays for instructor. Squash representative pointed out that *they* can't afford instructor and can't even entertain visitors. Increase granted for one year.

The Soccer Club required increase from £37 to £50, to wipe out deficit, pay referees, use a new ball every home match. Inquiry into economics of balls revealed that the Tennis Club sell *their* used balls at half price ; to this a member pointed out that many people have tennis courts, few own football grounds. Agreed that good case had been made, but Council couldn't go on paying out money all the time. Finance Committee granted £10.

New cover of JOURNAL approved by 17 to 3.

An application from the Table Tennis Club for affiliation was rejected on grounds that a club should first show its worth. This was objected to as being a case of giving to the rich and refusing the poor, but objection withdrawn when evident that aid would be given to the Club although not affiliated.

A flagging meeting revived to discuss request from a women's hockey team to use Foxbury on Wednesdays. It was made clear that some Bart.'s team is at Foxbury on any Wednesday, and doubts were expressed about changing accommodation and possible disorders at the "gate". Members were assured that the team would be fully chaperoned and that the gate-money would probably be increased. One of the Treasurers thought that to have women crawling over the ground was a mistake anyhow, and Macpherson anticipated trouble in explaining the presence of women on the ground to visiting teams. Request unanimously refused.

SPORTS NEWS

EDITORIAL

Have we—members of the Students' Union—any implied duty to play games for Bart.'s, or not? A vexed question, and one which we must answer each for himself, but a vitally important one for all that.

We gather that for the last few years, and at the moment the sports clubs of the Union have for the most part suffered, and are suffering from the practice of some of their members of refusing to play for Bart.'s and playing for other sides. Both the number and quality of the sides regularly fielded by some of our clubs has been seriously affected by this practice of late, and whilst we would be the first to admit that it is not the sole causative factor, we do feel that it is a question which we, as members of the sports clubs, must face sooner or later.

It is self-evident that there can be no definite right or wrong, no bell, book and candle, as it were, for the gentlemen who prefer to take their sport without the company of their workaday acquaintances—suffice it that a number of the clubs are suffering grievously by reason of their absence, and the question as to whether it is their "duty" to play only for Bart's. is a matter for you. To use an unpardonable trans-atlanticism—"take it away!"

RUGBY FOOTBALL The first match of the season, against the Old Alleynians, was played at Chislehurst in front of our newly-erected stand, which gives a perfect view of the whole pitch. It was a hot day, too hot some thought, for football, but it seemed to suit the Bart.'s XV ; never have I seen them show such promising form at the beginning of a season. To begin with the pack ; under the magnificent leadership of Burrow, the forwards played with a fire and verve which was surprising. There were a few stragglers now and then, but on the whole they were very well together for October 1st.

They obtained rather more than their fair share of the ball in the scrums, in spite of the absence of Moynagh—Ellis deputized efficiently—owing to the powerful and well-timed shove that was coming, and occasionally produced a successful wheel. In the lines-out they obtained the ball with such consistency that their opponents were forced to take scrums wherever possible, with little more hope of getting the ball. Both Gray and Gauvain were particularly successful in the lines-out.

At half-back both Candler and Hearn were superior to their opposite numbers, but both showed a little uncertainty due, no doubt, to start-of-season lack of practice.

All the three-quarters ran well, Coupland's quickness off the mark carrying him through quite narrow gaps. Both wings ran with determination, and their defence was sound. The passing, however, was apt to be slow and erratic.

Evans, at full-back, showed promising form, but his kicking might be improved.

Six tries, by Hearn (2), Griffiths (2), Candler and Pleydell were scored, but, due no doubt to the absence of Macpherson—though it seems a pity that not one of fifteen first-class footballers knew how to take a place kick—only one try was converted—by Burrow, from the touch line!

Team.—J. W. G. Evans ; M. J. Pleydell, M. Laybourne, R. I. G. Coupland, E. Griffiths; P. L. Candler, R. D. Hearn; G. D. Graham, A. R. P. Ellis, P. G. Jeffries, J. Gauvain, R. L. Hall, K. C. Burrow, G. Gray, P. C. Collinson.

1st XV *v.* **Moseley.** This match, played away at Birmingham in steady rain, and on rather a heavy ground, as it was, does not cast quite so livid a reflection upon the side as might at first be assumed, when the score (lost 16—3) is considered.

The pack, on the whole, played very well, with the usual exception of those shaky moments after half-time during which Bart.'s packs of the last few years have tended to fold up. On this occasion, however, the sticky ten minutes passed, and the scrum went back to work with a will, K. C. Burrow and R. L. Hall being about the pick of the bunch, and the former the only one who played with any real "devil".

Amongst the outsides P. L. Candler was good, as was his partner, R. D. Hearn, rather weak communications between them and the wings, prevented our showing that thrust which we needed so badly. Mention must be made, however, of J. W. G. Evans at full-back, who played a fine game under, in the second half at least, practically continuous long-range fire from Peter Cranmer, the Moseley full-back.

Moseley opened with a penalty goal by Cranmer, who was also responsible for defeating many kick-and-follow attacks initiated by P. L. Candler in the opening stages. Macpherson replied with a penalty goal just before half-time.

After changing ends we faced wind, rain, slope, and, for ten awful minutes, complete collapse, whilst Moseley scored twice. Then the boys pulled themselves together, and only their own extreme good manners and unselfishness prevented them from scoring. However, Moseley only scored once more themselves, so things weren't as bad as they might have been.

The party was good.

The match with **Cambridge University** was lost 25—10. A fine game was played before a large crowd on the Cambridge ground. Candler kicked off and the game was carried into the Bart.'s half, where the Cambridge outsides launched several attacks in which Evans was prominent in easing the pressure. After nine minutes Forrest cut through, passed to Downes, who passed to Reed, the latter scoring and Geddes adding the points. The Hospital defence

was excellent, for Forrest was attempting to cut through. Bart.'s took advantage of this when Forrest dropped a pass and Reinold passed to Irving, who scored, Macpherson converting. The Bart.'s forwards were getting the ball in the tight scrum and there were several fine runs made by the outsides. Bart.'s were penalized near the centre line and Geddes, aided by a slight breeze, kicked a fine goal. Shortly after this Bruce dropped a goal to give Cambidge a lead of 12—5 at half-time.

The second half opened with several attacks by the Cambridge outsides, and when Downes cut through Bart.'s were saved by a forward pass. A muddle on the Bart.'s line resulted in Parry scoring an unconverted try. Evans caught after the kick-off and made a long run, and a moment later Hall, Burrow and Irving, supported by the other forwards, pressed Cambridge back to their line, where the ball went into touch. Bart.'s took a scrum, wheeling with the ball, scored, Macpherson adding the points. A long run by Reed enabled Geddes to show his kicking powers when he converted the try. Macpherson failed with a penalty and Knapp cleared a dangerous situation. In the closing stage of the game a fumbled pass by the Bart.'s back enabled Forrest to gather and, to the remark from one of the Bart.'s supporters, "Good-night all", raced for the line and scored. Geddes, as usual, converted.

Extra A *v.* **Selfridge's 1st XV**, October 15th at Foxbury. Lost 9—3. This was a scrappy and unhappy game, which was lost largely owing to the lack of cohesion shown by the Bart.'s forwards, and by their inability to follow up.

Things started briskly enough with fast play up and down the field between the three-quarters ; the forwards being scattered over the field in any place where the ball hadn't been recently. There was a good deal of kicking into touch, but Bart.'s rarely got the ball back from the lines-out, as Selfridge's were able to jump and tap it back before our men got their hands out of their pockets. In the scrums we were no more fortunate and only heeled the ball about six times in all, and their scrum-half invariably tricked the wing forwards by doubling back behind the scrum. Rather nettled by this all our forwards at times made good rushes with the ball, if not at their feet, at least in their mind's eye, but any rush was the opportunity for a rest by the others. This did not lead to very effective heeling when the rush was stopped.

However, the three-quarters were able to stop their men with such effect that at half-time only three points had been scored, and that from a run-through to the corner post by Atkinson.

At the beginning of the second half the Bart.'s forwards showed what they could do if they gave themselves the chance, by dribbling the ball as a combined pack from the 5 yards line right down the field. Scrums became frequent under the eagle eye and whistle Mr. Way, and the atmosphere strained, and a good deal of advice on how to play the game was exchanged. Indeed one player was heard offering to punch another on the nose " if he did that again ". His opponent preferred to play football on the field and arranged a meeting for afterwards; however, there is no epic story to tell of how they fought for three hours with bare fists, as he repented of his rashness after the game, and slipped up to London mighty quick. In the middle of the bickering Selfridge's found time to score and convert a try, and drop a goal, but might have been over many times more except for the unfailing powers of Loughbourgh at full-back.

HOCKEY This game, *v.* **Lloyds Bank,** was lost 1—4. Played at Foxbury on October 1st was scarcely representative. Lloyds were depleted owing to A.R.P. and as the pre-clinicals had not arrived, we were not at full strength. The ground was bumpy in parts, and the ball hard to control with the new rules in operation. The Bank scored twice without reply before half-time, and twice to our once on resuming play.

v. **Beckenham II.** Drawn 2—2. Owing to the late arrival of three gentlemen, the defence was constrained from the outset to employ unusual tactics, and from one of the resulting penalty corners, Beckenham scored. Shortly before half-time they scored again off an excellent centre from the right wing. Taking the initiative on resuming we soon scored through a good shot by Heyland; for the next 20 minutes Beckenham attacked, but were successfully repulsed by the defence.

From a penalty corner House scored on the rebound, and in spite of extreme efforts we were unable to get a winning goal.

The side played more cohesively than for some time.

v. **R.M.A.** Lost 4—2. On Wednesday, October 12th, only two clinical members of the side were able to play, but the "A" team, for once, attacked from the start, and throughout the first half dominated our opponents. Hewitt scoring once without reply.

In the second half the R.M.A. started using long passes to the wings with effect, and finding the defence out of position they scored twice rapidly. Bentall replied with a good goal to even up the score. But misfortune overtook us! A ruptured adductor longus on the right wing, and a sympathetic fraternal withdrawal on the left altered the whole complexion of the game. and with three forwards only we could not reply to the " Shop's " further 2 goals.

v. **Old Southendians.** Lost 1—0. October 15th. Played at Priory Park. Arriving in time in spite of engine trouble we were confronted with a ground extremely irregular in surface, but having a fine coat of grass about 6 in. high. This excellent pasture prevented any hockey being played and the home team scored the only goal of the match. Akeroyd was somewhat disturbed in goal by the presence of an adjacent mound of a multitude of noisy reminders of his present occupation.

1939–40 This fixture has lapsed.

v. **Staff College.** Won 3—2. October 19th. By contrast with the previous Saturday, this game was played on an almost perfect pitch, and the pace was fast from the outset. In the first few minutes Bullough scored with a lucky shot off a hard centre from the left wing. Greatly encouraged the forwards kept up a hot pace, but failed to score again before half-time. Ackeroyd saved several hard shots in this half. On resuming the Staff College left inside scored from a pass from the right wing, but we were soon ahead again, Bentall running in and scoring from a rebound. Staff College pressed again, and scored a well-earned goal by a good flick from the left inside.

Hewitt had retired to the right wing due to previous injury, but in spite of this we continued to attack repeatedly, and deserved our third goal through Bentall.

UNITED HOSPITALS HARE AND HOUNDS Officers for the season have been elected as follows :

President—Dr. H. Letheby Tidy.
Captains—D. J. Lyon (Guy's).
G. A. Beck (Bart.'s).
Hon. Sec.—J. A. Learner (London).
Hon. Treas.—A. E. J. Etheridge (Guy's).

The club is now established at their own headquarters at the "Dysart Arms," Petersham. Training runs take place in Richmond Park, every Wednesday and Saturday at 2.45 p.m. Fixture cards and all other information may be obtained from G. A. Beck.

The Committe invite any members of other clubs wishing to get fit or keep fit to use their headquarters for training purposes.

The Club lost their opening match of the season to the Thames Hare and Hounds by 32 points to 47. The large turnout including many really keen freshmen bodes well for coming season.

The first six home were : A. E. J. Etheridge (U.H.) 1, R. H. Percival (T.) 2, G. T. Honniball (T.) 3, G. A. Beck (U.H.) 4, G. E. Boyd Shannon (T.) 5, H. C. Bryant (T.) 6. J. P. Haile of Bart.'s was the Hospitals third scoring man being placed 8th.

SQUASH CLUB *v.* **Fayre Club.** The first match of the season was played on the Hospital courts on October 10th. The home side won all their matches, the first string playing two matches owing to the unavoidable non-arrival of the fifth string. Thus the correct result was 4—1.

H. R. Marrett had a very enjoyable game with his opposite number of the Fayre Club, and won by 3 games to 1. Both players were using the drop shot, which made the game much more exhausting than the continual use of hard hitting. The games were undoubtedly evenly contested and both players found it difficult to outwit the other. Many a vital point was decided by the ball dropping dead in the corners.

A. J. H. Spafford won his match with little real difficulty. His opponent was most deadly with his shots, when he was in the centre of the court, and it was clearly a case in which the use of hard hitting was used to advantage. This method coupled with some cross court shots soon began to tell on the stamina of his opponent and prevented him from positioning himself. The final score was 3 games to 1.

C. T. A. James scored a victory over the third string by 3 games to 2. His opponent started well and was much more certain of his hitting. Later, however, James began to hit the ball much closer to the " tin ", and from then on he forged ahead. The final game was evenly contested and contained many enjoyable rallies.

J. T. Robinson won his match after having started badly. It was not until he had lost the first game and was 0—3 in the second that he began to settle down. He then began to make less mistakes, and was much more sure and accurate with his strokes. This improvement persisted until the end, which gave him a victory of 3 games to 1.

v. **Hornsey Cricket Club.** We entered upon our second match of the season with confidence, some of us perhaps with a little too much. The tell-tale story of a visit to Cambridge and a midnight matinée were soon in evidence. Robinson and James both ran a good deal, not always in the right direction, and we found ourselves two games to the bad. Spafford and Marrett, however, pulled the game round, the latter playing on the top of his form, laughter, oaths and perspiration predominating.

So it was left to Heyland to settle the issue. He evidently decided to use his cricket technique, which Hornsey have had reason to deplore more than once. He beat the ball to all parts of the court, only the back wall preventing it from entering the adjacent swimming pool. It was an extremely successful plan of action and being a game up and four-eight down, he eventually won it ten-eight and earned fame and much ale.

St. Bart.'s *v.* **Hornsey C.C.**

Result 3—2.

H. R. Marrett *v.* S. Forshall	9—4, 7—9, 9—4, 10—8.
A. J. H. Spafford *v.* G. Escombe	9—6, 8—10, 9—6, 9—2.
C. T. A. James *v.* D. Nicholls	7—9, 6—9, 6—9.
J. T. Robinson *v.* D. Hume	2—9, 9—10, 9—7, 7—9.
R. Heyland *v.* S. Jackson	9—5, 8—10, 9—3, 10—8.

GOLF CLUB The Hospital played Charing Cross Hospital in the first round of the Inter-Hospital Cup. The match was played at Addington Palace Country Club on Wednesday, October 12th, 1938. The result was a win for Bart.'s by 8 matches to 4, the foursomes being halves, 2 matches—2 matches, the singles being won by 6—2.

Foursomes.

H. Robbins and J. Cardwell (4/2), *v.* Cruikshanks and Bellis.
G. K. Marshall and A. E. Fraser (5/3), *v.* Cran and Wharton.
W. H. McAleenan and R. S. Russell-Smith *v.* Gow and Greig (3/1)
A. Thomson and J. A. Smith *v.* Williams and Catchpole (3/2).

Singles.

H. Robbins (1 up) *v.* I. R. Cran.
J. Cardwell *v.* G. Cruikshanks (3/2).
A. Thomson (6/5) *v.* P. H. Greig.
A. E. Fraser (4/3) *v.* G. Bellis.
G. K. Marshall (3/2) *v.* G. Wharton.
W. H. McAleenan (4/3) *v.* F. L. Gow.
R. S. Russell-Smith (7/5) *v.* B. E. Catchpole.
J. A. Smith *v.* J. Ll. Williams (3/2).

FENCING CLUB The following additional fixtures and alterations have been made since the publication publication of the 1938–9 fixture list :

October 29th *v.* Westminster Hospital F.C. 3 F.S. (H.).
March 4th *v.* Westminster Hospital F.C. 3 F.S. (H.).
March 18th *v.* Highgate School F.C. 5 F. (H.).
No fixture is at present arranged for January 21st.

Owing to the occupation of the gymnasium, the regular Thursday evening fencing was delayed until October 13th, but it is hoped we shall be able to offer a fairly strong team for the match against London Hospital on October 22nd.

CORRESPONDENCE

THE DOCTOR'S DRESS

To the Editor, ' St. Bartholomew's Hospital Journal '.

SIR,—The letter of Dr. H. Isenberg raises an important question as to the duty of the medical profession in setting an example to the world.

The danger of our profession is that we have to be " fashionable ", and following the fashion of the times is always looked upon as the proper etiquette for a medical man.

A doctor who defies customs and fashions may expect to be looked upon as a crank, and no crank can ever expect to make a fortune !

The way of the pioneer and reformer in the past has too often led to the stake, and points to the workhouse !

There are, however, many ways in which every doctor can do a modified share in moulding public opinion on the matter of dress.

If his patients want to see him coming in any particular costume it may pay him to conform to their wishes, but at the same time, while wearing an uncomfortable dress he may always leave behind a message which will remind his listeners that a more rational dress is fitting for the human race.

There is no profession more proud of its dress and more conservative in its method of dressing than the Army, but in spite of this the Army is in advance of the medical profession in recognizing nowadays that the most important thing is suitable clothing and not a rigid uniform.

To those who are pioneers I would like to recall a little page out of my own experience when I was a student doing extern midwifery: I used to prescribe for all my slum mothers oranges or orange-juice when their babies were weakly, and when any anæmia was present. All my colleagues and my extern M.O.'s chaffed me unmercifully and looked upon me as an extremely foolish crank, and warned me that those mothers would all get what they graphically described as " bad belly aches ".

Nowadays the teaching of the Fruitarian Scientists has so modified medical opinion that nearly every doctor to-day is a disciple of the methods I then taught and practised.

I would, therefore, bid Dr. Isenberg to be strong of heart and to go on fighting for wisely designed, artistic and hygienic varieties of vestments for the human race, medical or non-medical, wholly regardless of fashion. Of course such pioneering reform is not for women doctors.

With greetings,

5, Essex Court, Temple, E.C. 4;
October 10th, 1938.

JOSIAH OLDFIELD.

To the Editor, ' St. Bartholomew's Hospital Journal '.

DEAR SIR,—Mr. Isenberg quite rightly divides the subject of dress for doctors into three parts, ethical, hygienic and utilitarian. All these three are important, but which is the more so is a matter which I am not prepared to discuss here. However, we are all agreed that clothes must be useful ; but Mr. Isenberg dismisses the ethics of the question as if it were unworthy of consideration, and he goes into an interesting description of the perfect hygiene, which he attributes to the tie-less and almost collarless shirt.

Now I suggest that Mr. Isenberg's hosier is extremely inefficient if he finds it difficult to provide a collar which will tolerate a tie, with comfort, on Mr. Isenberg's neck. I think that few people

who trouble themselves to buy really well-fitting collars consider them to be any discomfort at all, as long as they are worn with a tie, of course. It has been suggested that such collars are unhygienic because they not only cause the wearer, in hot weather, to insert his fingers into the crevice between collar and neck, but also prevent free access of sweat to the open air (so nice if the wearer suffers from bromidrosis). The first of these two objections has already been overruled by the suggestion that a good hosier be visited. The second objection retreats into oblivion before the advance of the question uppermost in my mind. Has the open-shirted doctor any hirsuties on his chest? He may shave them. He may not have any. Who knows but his patients who have the doubtful pleasure of seeing his bare chest? Now hirsuties, wherever situated, are notorious for the freedom with which they provide harbourage to parasites both protozoal and metazoal. Surely such potential havens are sources of danger both to the patient and the doctor.

The ethics of the question come last but not least. In England the doctor is looked up to by one and all as meet for respect, both in manner and dress. In warm countries it is *de rigueur* to wear next to nothing in summer. In England, however, the doctor is expected to be dressed well, decently and tidily all the year round, without displaying his manubrium sterni unnecessarily.

Yours faithfully,

8, Fitzhardinge Street, Portman Square, W. 1; TOM ROWNTREE.
October 14th, 1938.

To the Editor, ' St. Bartholomew's Hospital Journal '.

SIR,—Surely Mr. Isenberg has, like many reformers, allowed his enthusiasm to exaggerate the benefits to be derived from his reform; the slight gain in comfort and hygiene at the expense of flouting the accepted standard of dress of the medical profession would lower its status in the eyes of its patients, for, as Polonius advised Laertes—

" Costly thy habit as thy purse can buy,
But not expressed in fancy; rich not gaudy,
For the apparel oft proclaims the man."

And Joinville gives us King Louis IX's views—" You ought to clothe yourselves well and suitably, so that your wives may love you the better, and your people hold you in the greater honour."

Yours faithfully,

St. Bartholomew's Hospital, London, E.C. 1. H. J. M. STRATTON.

A CASE OF WIND

To the Editor, ' St. Bartholomew's Hospital Journal '.

DEAR SIR,—It may not fall to the lot of every ship's surgeon to perform gallant feats of abdominal surgery in the tails of typhoons, but a case recently came my way of such surpassing interest that I thought it might be worth including in the columns of the JOURNAL, to form, as it were, a medical corollary to Mr. Butt's famous case. The lady in question brought a letter from her own woman doctor which should explain the nature of her complaint without further comment.

Yours faithfully,

On board S.S. ——, Bombay Docks, MICHAEL HARMER.
September 28th, 1938.
(Encl.)

CASE OF MRS. I—.

I have been attending Mrs. I— for the past 2½ months. Clinically I found the following: Asthenia, depression and apathy apprehension, and extreme introspection. She has post-appendicectomy adhesions which are aggravated by chronic constipation which has ameliorated with petrolagar treatment. She has had her bad teeth attended to. I am of the opinion that the parasympathetic has preponderated by chronic toxæmia, devitalizing the adrenal bodies and ribs, with demineralization and decreased sympathetic tone, plus local irritation by dust has led to a local discomfort in the throat which is otherwise quite normal and causes the patient to have embarrassing bouts of swallowing, during which she swallows air into a spasmodic œsophagus which adds further to her discomfort. I have taken an X-ray of her in this condition. Further, she has responded to adrenalin treatment by mouth and a stomachic mixture, also a mixture containing Easton's Syrup, Parrish's Syrup and ammonium bromide, and locally diathermy has been applied to the neck. In conclusion I would like to add that I have also prescribed minadex to deal with demineralization, and also a mixture for dysmenorrhœa containing thyroid (elixir-Armour), calcium, and Fowler's solution. I have been glad to note a definite improvement in my patient and hope that these notes will be helpful to you.

The —— Memorial Hospital, ——, India. M.S., M.B., Ch.B.
September, 1938.

To the Ship's Medical Officer.

REVIEW OR CRITIQUE?

To the Editor, ' St. Bartholomew's Hospital Journal '.

DEAR SIR,—In his letter of September 15th, Mr. White takes your reviewer of *The Poetry of a West Indian* to task for writing a " critique " instead of a " review ", and for allowing this distinction to escape him.

As I was in the same unhappy predicament as your reviewer I hurried to the *Shorter Oxford Dictionary* for information. I found the following definitions:

REVIEW: A general account or criticism of a literary work.
CRITIQUE: An essay or article in criticism of a literary work: a review.

The distinction still eludes me. Surely Mr. White would not have the JOURNAL's reviews mere summaries of contents.

Yours faithfully,

St. Bartholomew's Hospital, E.C. 1; C. M. FLETCHER.
October 20th, 1938.

We have shown Mr. Fletcher's letter to Mr. White, who replies as follows:—[ED.]

To the Editor, ' St. Bartholomew's Hospital Journal '.

DEAR SIR,—I have had the privilege of reading Mr. Fletcher's rather mystified letter and am gratified at this opportunity of replying to it.

Far be it from me to criticize the source of Mr. Fletcher's information, but it seems that he would have done well to consult a rather fuller manual before rushing into print. Webster, for instance, goes far to clarify the situation:

CRITIQUE: Examination of the merits of a performance (literary), and remarks or animadversions on its beauties and faults.
REVIEW: A second or repeated view, a resurvey. *Analysis* of a new publication.

It is well to notice " remarks on faults ", and " analysis ", for therein would appear to lie the whole nub of the question.

The purpose of a review, surely, is to give its readers an idea of what to expect in the way of material and the setting out and intellectually nutrient value thereof should he purchase the book, whilst that of a critique is primarily to criticize, evaluate the skill of the author, assess the value from a literary point of view of the work in hand, and, if necessary, to say that the book or its author is " a good thing " or a " bad thing ". This is no part of the business of a re-view of a book.

Pooh bear once wisely remarked:

" A fly can't bird,
But a bird can fly . . ."

Whilst a critique may well be a review, a review should never, in my opinion, assume the aspect of a critique.

May I give just one example of this. We have a number of reviewers in this Hospital, all doubtless brilliant men, but, whilst one need have no hesitation in saying that they are all capable of writing reviews, I gravely doubt if we have one man whose intellectual achievements would render his *critique* of a reputable author acceptable.

Yours faithfully,

St. Bartholomew's Hospital, *October 20th*, 1938. M. W. L. WHITE.

TIMES FOR ATTENDANCES IN THE OUT-PATIENTS' AND SPECIAL DEPARTMENTS

	Monday.	Tuesday.	Wednesday.	Thursday.	Friday.	Saturday.
Medical Out-Patients. New cases: 9 a.m. Old cases: male, 10 a.m.; female, 10.30 a.m.	Dr. G. Bourne at 9 a m.	Prof. R. V. Christie and Dr. E. F. Scowen at 9 a.m.	Dr. J. Maxwell at 9 a.m.	Dr. E. R. Cullinan at 9 a.m.	Prof. R. V. Christie and Dr. E. F. Scowen at 9 a.m.	Dr. A. W. Spence at 9 a.m.
Surgical Out-Patients. New cases: 9 a.m. Old cases: 10 a.m.	Mr. Naunton Morgan at 9 a.m. Prof. Ross at 11 a.m.	Mr. J. B. Hume at 9 a.m.	Mr. J. P. Hosford at 9 a.m.	Prof. Paterson Ross at 9 a.m.	Mr. Rupert Corbett at 9 a.m.	Mr. G. L. Keynes at 9 a.m.
Diseases of Women	Dr. Shaw (new cases at 9 a.m. only).	Cases referred from House Physicians and House Surgeons only at 10 a.m.	Dr. Donaldson, and Dr. Beattie at 1 p.m.‡	Cases referred from House Physicians and House Surgeons only at 10 a.m.	—	Dr. Beattie at 9 a.m.
Ante-Natal Clinic	Dr. Shaw at 9 a.m.	—	—	Dr. Donaldson, Dr. Shaw and Dr. Beattie at 12.30 p.m.	—	—
Orthopædic Department	Mr. S. L. Higgs at 1 p.m.	—	—	Mr. H. J. Burrows at 1 p.m.	—	—
Throat and Nose Department	Mr. Bedford Russell at 1 p.m.	Mr. Capps at 9 a.m.	—	Mr. Bedford Russell at 9 a.m.	Mr. Capps at 1 p.m.	—
Aural Department	Mr. S. R. Scott at 1 p.m.	Mr. N. A. Jory at 9 a.m.	—	Mr. S. R. Scott at 9 a.m.	Mr. N. A. Jory at 1 p.m.	—
Ophthalmic Department	Mr. Rupert Scott at 1 p.m.	Mr. H. B. Stallard at 1 p.m.	—	Mr. Rupert Scott at 1 p.m.	Mr. H. B. Stallard at 1 p.m.	—
Skin Department	—	Dr. Roxburgh at 9 a.m.	Dr. Roxburgh at 9 a.m.	—	Dr. Roxburgh at 9 a.m.	—
Psychological Department	—	Dr. E. B. Strauss at 1.30 p.m. (*Old* cases only.)	—	Dr. E. B. Strauss at 1.30 p.m. (*New* cases only.)	Dr. E. B. Strauss at 1.30 p.m. (*Old* cases only.)	—
*Electrical Department	Dr. Cumberbatch. Males at 2 p.m.	Dr. Cumberbatch. Females at 2 p.m.	—	Dr. Cumberbatch. Males at 2 p.m.	Dr. Cumberbatch. Females at 2 p.m.	—
*X-Ray Department	Dr. Loughborough at 9.30 a.m.; Dr. Finzi and Dr. Sparks at 1.30 p.m.	Dr. Finzi at 9.30 a.m. Dr. Stone at 1.30 p.m.	Dr. Stone at 9.30 a.m.	Dr. Loughborough at 9.30 a.m. Dr. Stone at 1.30 p.m.	Dr. Sparks at 9.30 a.m. Dr. Loughborough at 1.30 p.m.	Dr. Sparks at 9.30 a.m.
*Exercises and Massage Department	Women, 9 a.m. Men and women, 1.30 p.m.	Men, 9 a.m. Men and women, 1.30 p.m.	Women, 9 a.m. till 1 p.m.	Men, 9 a.m. Men and women, 1.30 p.m.	Women, 9 a.m. Men and women, 1.30 p.m.	Men, 9 a.m. till 1 p.m.
Diseases of Children	Dr. Harris at 9 a.m.	Dr. Harris at 9 a.m. Country cases at 12.45 p.m.	Dr. Franklin at 9 a.m.	Dr. Harris at 9 a.m.	Dr. Franklin at 9 a.m.	Dr. Harris and Dr. Franklin at 9 a.m.
Dental Department	Mr. Cowan at 9 a.m.	Mr. Coleman and Mr. Kenshole at 9 a.m.	Mr. Hankey and Mr. Cambrook at 9 a.m.	Mr. Fairbank and Mr. Cowan at 9 a.m.	Mr. Kenshole at 9 a.m.	Mr. Hankey and Mr. Cambrook at 9 a.m.
Tuberculosis Dispensary	—	12.30 p.m. to 2.30 p.m. 2.30 p.m. Art. Pneumothorax Clinic. 5 to 7 p.m.†	—	—	New cases 12.30 p.m. Old cases 3 to 4 p.m.	—
Venereal Department (New patients can be seen in the Department at any time)	Men, 4.45 to 6.45 p.m.	Women and children, 4 to 6 p.m. Irrigations, 4.45 to 6.45 p.m.	— Irrigations, 4.45 to 6.45 p.m.	Men, 12 to 2 p.m.	Women and children 12 to 2p.m. Irrigations, 4.45 to 6.45 p.m.	— Irrigations, 9 to 10.30 a.m.
Plastic Surgery	Sir Harold Gillies at 2 p.m.	—	—	—	—	—
Neurological Clinic	—	—	Dr. Denny-Brown at 12.30 p.m.	Dr. Denny-Brown at 12.30 p.m.	—	—

* Patients are not seen in these Departments unless recommended by the Medical Staff.
† These hours are intended for patients who cannot attend at mid-day.
‡ Patients with Doctors' letters only, or who have been previously examined by the Gynæcological House Surgeon.

REVIEWS

Introduction to Diseases of the Chest. By JAMES MAXWELL, M.D., F.R.C.P. (Hodder & Stoughton, 1938.) Pp. 323. Price 12*s.* 6*d.*

A book to which we have long looked forward, this volume is written in a style quite unmistakable to all those who have sat at Dr. Maxwell's feet during his clinical discourses on chest diseases. They will find here the same simplicity, the same lucid tabulations and the same completeness that they have come to expect from his spoken teaching.

The student may feel after reading this book—and all students should read it—that he has not so much been introduced to diseases of the chest as made a bosom companion.

Considerable space is given to a clear account of physical signs and examination, and throughout the book Dr. Maxwell lays the same stress upon their paramount importance.

The book is illustrated with numerous X-ray photographs of the conditions described, though they suffer in clearness from there being four of them to the page, and every chapter contains a crop of appropriate prescriptions from the Maxwell pharmacopœia. Although the book is a comparatively short one, the reader will be astonished on reading it to find he has not only covered all the common respiratory ailments, but has nodded to a surprising number of the more obscure ones in passing.

The work is perfectly straightforward, and where controversial ground is touched, such as tuberculin therapy, Dr. Maxwell suspends judgment.

We unhesitatingly recommend this book to all students, and especially to those who are beginning their clinical studies.

Diseases of Infancy and Childhood. By WILFRID SHELDON, M.D.(Lond.), F.R.C.P.(Lond.). Second edition. (J. & A. Churchill.) Price 21*s.*

The early appearance of a second edition of Sheldon's "Diseases of Children" is proof of its well-deserved popularity. The chief change in this edition is in the chapter on intra-thoracic tuberculosis, which has been rewritten, and is as clarifying an account of this condition as could be desired. Particularly useful are the full instructions on the management of infant diets, and an appendix giving a list of the commoner drugs with the doses appropriate for children of various ages.

Although sulphanilamide therapy is recommended in the treatment of streptococcal infections, no mention is made of its use as a urinary antiseptic or in meningococcal meningitis, and it is odd that intravenous mercurochrome should be seriously advised in pneumococcal peritonitis. Further it is sad that in an excellent descriptive chapter on functional disorders, no mention should be made of the value of frank psychotherapy in the treatment of these conditions.

Clear and readable, this is an ideal text-book for students.

Sick Children: Diagnosis and Treatment. A Manual for Students and Practitioners. By DONALD PATERSON, M.D., F.R.C.P. Third edition. (Cassell & Co., Ltd.) Price 12*s.* 6*d.*

Most students are familiar with the previous editions of Dr. Paterson's textbook on children. It has a well-established and well-deserved reputation for conciseness and wise choice in the conditions described. The book is essentially practical, and the author, though a specialist in his own subject, has amply avoided the temptation of producing a book fit only for the whole-time pædiatrician.

The third edition has undergone complete revision and there are several new sections. In particular the sulphanilamide derivatives receive due notice. An account of Sonne dysentery has been added —perhaps on account of the recent epidemics. Antritis in infancy and childhood is another addition. The sections on diabetes and anæmia have been improved.

The book is illustrated with a remarkably fine series of photographs of ailing children which will do much to fix the clinical conditions in the student's mind. Reference is made easy by good cross-headings.

This book can be thoroughly recommended to the students and practitioners for whom it was written.

Heart Disease and Pregnancy. By CRIGHTON BRAMWELL and EDITH A. LONGRON; with a Foreword by Sir EWEN MACLEAN. (Oxford University Press.) 194 pp. Price 8*s.* 6*d.*

This book, a critique of 350 cases of heart disease complicating pregnancy, is designed for practitioners, but will also be of great value to final-year students. The material is clearly presented, the conclusions sensible and practical. The introductory chapters on the history and physical examination of cardiac cases are models of simplicity and selection of detail, and are better than those found in the standard text-books of medicine. The chief abnormalities are discussed separately, and a chapter apiece is devoted to treatment, immediate prognosis and ultimate prognosis. The use of this book to the student will be that it provides a refreshing survey of many aspects of cardiology. In his revision year the student has somehow to make a unified, interrelated pattern of his knowledge; having torn the body to pieces, he needs to see it whole again. Midwifery, more than anything else, will enable him to do this, for its proper practice requires a sure knowledge of medicine as a whole.

Great importance is attached to ante-natal care, and still to-day the warning note must be sounded for prophylaxis: "Whereas, out of 25 patients in our series, admitted to the wards as 'urgencies', there were 14 deaths; out of 325 who had been under supervision in the ante-natal clinic, there were only 11 deaths." Whatever the nature of the case, whether it be congestive heart failure, auricular fibrillation, or heart disease complicated by a family and a small income, it is during pregnancy that the final outcome is settled.

On the whole the authors do not depart from what are now the accepted views on the subject, but their pages have the added interest, so often lacking in encyclopædic text-books, of personal thought and experience. For instance: "Rest is prescribed, not because a patient has heart *disease*, but because she has heart *failure*. In the absence of heart failure exercise in moderation is beneficial: it aids the venous return to the heart, and the heart, like other muscles, needs to be kept in training."

Contrary to the general belief, the authors do not hold that repeated attacks of rheumatic fever add to the gravity of prognosis in pregnancy. Their figures show that the highest mortality from rheumatic heart disease was amongst patients who gave no history of rheumatic fever, chorea or rheumatism. Possible reasons for this are discussed, but no definite conclusions can be arrived at until the relationship of articular to cardiac rheumatism is precisely understood.

Their views on treatment are orthodox. If the termination of pregnancy is to be considered, it must not be performed until the heart has been treated. Abortion may be induced up to the end of the third month, but later than that the delivery of a viable child by Caesarian section is favoured, and the premature induction of labour is looked at askance. A patient who is likely to die in delivery at term is equally likely to die as the result of an induced labour.

This book will give confidence to the physician in charge of a difficult case.

EXAMINATIONS, ETC.

UNIVERSITY OF OXFORD

The following Degree has been conferred:

D.M.—Brodribb, H. S.

ROYAL COLLEGES OF PHYSICIANS AND SURGEONS

The following Diplomas have been conferred:

D.C.H.—Livingstone, F. D. M., Roden, A. T., Warren, C. B. M.

CONJOINT EXAMINATION BOARD

Pre-Medical Examination, September, 1938.

Chemistry.—Brady, T. J., Jackson, L. G., Napier, J. R., Pracy, J. P., Vischer, P. H. M.
Physics.—Sankey, P. R. B., Vischer, P. H. M.
Biology.—Hill, P. D.

First Examination, September, 1938.

Anatomy.—Helme, P. E., Perkins, C. P., Winocour, G.
Physiology.—Druitt, A. W. N., McAfee, L. A., Winocour, G.
Pharmacology.—Storey, T. P.

CHANGES OF ADDRESS

BLACKBURN, G., 9, King's Mansions, Lawrence Street, Chelsea, S.W. 3. (Tel. Flaxman 3193.)
BRAIMBRIDGE, C. V., The European Hospital, Nairobi, Kenya, E. Africa.
CHILTON, N., Medical Department, Dar-es-Salaam, Tanganyika Territory.
CLAXTON, E. E., 45, Manor Road, Folkestone, Kent. (Tel. Folkestone 4594.)
FRANKLIN, A. W., (residence) 58, New Cavendish Street, W. (Tel. Welbeck 4642.)
GILBERT, R. G., " Parklands ", Ashtead, Surrey. (Tel. Ashtead 2943.)
HARTLEY, K. W. D., Greyfriars, Old Road East, Gravesend. (Tel. Gravesend 528.)
JOSEPH, H. S., 48, Canfield Gardens, S. Hampstead, N.W. 6.
KEELE, K. D., 92, Townshend Court, N.W. 8.
KINNEAR, A. I., Dohnavur, Tinnevelly District, South India.
LANE, Lt.-Col. W. B., I.M.S.(ret.), 146, King Henry's Road, N.W. 3. (Tel. Primrose 0306.)
MATHESON, I. W., Flat 2, 49, Champion Hill, S.E. 5.
MORISON, C. R., 3, Beech Grove, Harrogate. (Tel. Harrogate 3123.)
MOYNAGH, D. W., Holly Lodge, Crawley, Sussex. (Tel. Crawley 593.)
NIXON, G. P., Mufulira, Northern Rhodesia.
PINKER, H. G., The Stone House, Welshpool.

APPOINTMENTS

CUTHBERT, T. M., M.R.C.S., L.R.C.P., D.P.M., appointed Deputy Medical Superintendent to the Cherry Knowle Mental Hospital, Ryhope, near Sunderland.
MATHESON, I. W., F.R.C.S., appointed Senior Surgical Officer, St. Giles' Hospital, Camberwell.

BIRTHS

HOGG.—On September 28th, 1938, at Godalming, to Mollie, wife of J. C. Hogg, F.R.C.S.—a daughter.
SHAW.—On October 12th, 1938, at 109, Harley Street, to Anne, wife of Wilfred Shaw—a son.
TISDALL.—On September 29th, 1938, at Westfield, Harrow-on-the-Hill, to Christina, wife of Dr. O. R. Tisdall—a daughter.

MARRIAGES

GILBERT—BOURNE.—On September 24th, 1938, at St. Bartholomew's the Great, E.C., Roger Gordon Gilbert, F.R.C.S., only son of Mr. and Mrs. Douglas Gilbert, late of Roborough School, Eastbourne, to Margaret Victoria (Margot), second daughter of Aleck Bourne, F.R.C.S., F.C.O.G., and Mrs. Bourne, 12, Wimpole Street, W.
MATHESON—COPE.—On October 1st, 1938, at East Grinstead, I. W. Matheson, F.R.C.S., to Helen Susanne second daughter of Mrs. Cope, of Daledene, East Grinstead.
MERRIMAN—FLAVELLE.—On September 28th, 1938, quietly, in London, Basil Mandeville Merriman to Yvonne Flavelle.
SMART—FRAMPTON.—On October 6th, 1938, at Bromley, Kent, Joseph Smart, M.D., M.R.C.P., second son of Mr. and Mrs. Frederic Smart, of Cambridge, to Phyllis Mary, youngest daughter of Mr. and Mrs. Albert Frampton, of Bromley.
WARREN—PARK.—On September 24th, 1938, at St. Andrew's, Plymouth, by the Rt. Rev. F. Whitfield Daukes, Bishop of Plymouth, Wilfrid Warren, M.A., M.B., B.Chir., only son of Mr. and Mrs. F. Warren, of Winchester, to Elizabeth Margaret, younger daughter of Mrs. and the late Mr. C. J. Park, of Plymouth.

SILVER WEDDING

WOOLLEY—WALLER.—On October 2nd, 1913, at St. John's Church, Hove, Major Jasper Maxwell Woolley, I.M.S., to Kathleen Mary, only daughter of Major R. J. Waller, I.A., and Mrs. Waller, of Hove. Present address : 8, Somerhill Road, Hove.

DEATH

EVERINGTON.—On September 23rd, 1938, in a motor accident, Herbert Devas Everington, M.B., of Sanderstead, Surrey.

PERSONAL COLUMN

The cost of Advertising is 1/- a line of 7 words; 6d. to Subscribers. If a box number is used a charge of 1/- extra is made. Advertisements should reach the Manager of the Journal not later than the 15th of the preceding month.

For the transgression of a land, many are the princes thereof; but by a man of understanding and knowledge the state thereof shall be prolonged.—*Proverbs*, xxviii, 2.

FAMILY RESIDENCE.—93, Inverness Terrace, Hyde Park, W. 2. Eight bedroom studies, communal lounge and dining-room. From £2 5s. per week, inclusive. Easy access to West End and City. Bay 5857.

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Consulting room ; top floor back, available by lift and stairs ; very quiet ; suit psycho-analyst ; central heating ; H. & C. ; own telephone, or extension from switchboard as required ; power and gas separately metered. Rent £110 p.a., which includes the services of doorman, etc., and the use of waiting-room for patients. Free at Christmas quarter, or earlier by arrangement.—Apply Box No. 30.